

**Building Utilization Request**



**Pioneer Career and Technology Center**

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

**Part I - To be completed by organization requesting building utilization**

Date(s) <u>9/2 - 1/4</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Tues or Wed</u>	<u>3:10</u>	<u>4:15</u>	<u>9/1/20</u>
Event Time(s) <u>3:10 - 4:15</u>	Room(s) / Area Requested:		

Name of Organization and Event Being Held <u>Boys XC Shelby</u>	Number of Persons Attending Meeting <u>23</u>	Field <u>Field</u>
--	--	-----------------------

Address \_\_\_\_\_  
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) \_\_\_\_\_

Contact Person: Chris Zuercher  
Business Name: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Work: 26400 Cell: 419 564-1588 Phone Number: \_\_\_\_\_

PCTC Requested Services: (Identify No. Needed)  
Address: \_\_\_\_\_

Room Setup Electronic Café OR Culinary Arts  
If specific hookup/utility needs are required see attached: (check one) Yes or No

<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner

For specific room setup, see attached design: (check one)  
Yes or No  
Estimated time of arrival at Pioneer for setup/delivery: \_\_\_\_\_  
Other/Specify: \_\_\_\_\_  
Date of contact with Cafeteria/Culinary Arts Services if used for this event: \_\_\_\_\_

**Part II - To be completed by PCTC Personnel**

Estimate Calculation of Fees: Attach any pertinent papers.  
Rental .....  
Custodial Services .....  
Food Services .....  
Other .....  
**Total Fee Estimate** \_\_\_\_\_

Note: Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:  
**Pioneer CTC**

Action Taken	Date	By
Approved and Booked	<u>9/1/2020</u>	<u>[Signature]</u>
Billed for Services		
Referred to Board		

**Responsibility Notice**

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

A Security Deposit in the amount of \$ \_\_\_\_\_ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Signature (person in charge of activity)  
[Signature]  
Date: 9-1-20

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

Thank you for selecting Pioneer for your event!