## **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) 5/14/2021			Setup Time	Tear Down Time	Date Request Submitted	
Activity: Day(s) 1/1/1900 Liday				1 mic	May 4, 2021	
Event T	ime(s) 4:00-9:00pm	<u>,</u>	N/A	N/A	Room(s) / Area Requested:	
Name of Organization and Event Being Held			Number o		Welding lab	
Adult Ed Welding class makeup			Attending	Attending Meeting 5		
			Services t	Services to be provided by outside person(s)/vendors		
Address 27 Ryan Rd				(i.e. caterer, photographer, etc.)		
Contact Person: Don Paullin			Business N	Business Name:		
Phone Numbers:	Home:		Contact Pe	erson:		
Work:	Cell:		Phone Nur	mber:		
			Address:			
PCTC Requested Services: (Identify No. Needed)				If specific hookup/utility needs are required see attached:		
<u> </u>			· '	(check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery:		
Room Setup	Electronic	_ Culinary Ar	Estimated	l time of arriva	l at Pioneer for setup/delivery:	
Chairs	Microphone	Drinks				
Tables	Ovrhd. Proj.	Snacks Other/Specify: Same event as previous requests in				
Chalkboard	Video Camera	Breakfa	st <b>Februa</b>	February and March.		
Lectern	Video Recorder	Lunche	on			
Coat Racks	Internet Access	Dinner				
For specific room setup, see attached design: (check one)			Date of c	Date of contact with Cafeteria/Culinary Arts Services		
Yes orNo			if used fo	if used for this event:		
Part II - To be completed by PCTC Personnel				Respo	nsibility Notice	
Estimate Calculation of Fees: Attach any pertinent papers.				It is understood that our organization assumes full		
Rental			responsibility for any damage to the building and equipment.			
Custodial Services				ent.		
Food Services				A Security Deposit in the amount of \$		
Other				is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.		
Total Fee Estimate						
Note: Final invoice billing based upon actual costs			event/ac	uivity.		
following the event/activity.			Anv an	Any and all information on this form may be		
Upon receipt of invoice, please make check payable to:				shared with the public through our publicly		
Pioneer CTC				accessed calendar.		
Action Taken Date By			Signature (person in charge of activity)			
Approved and Booked 5/4/202/ WH						
Billed for Services						
Referred to Board			Date: _	~/4	/2(	

It is the policy of Pioneer Career & Technology Center to use Thank you for selecting Pioneer for your event! these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.