

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>May 4, 2022</u>		Tear Down Time	Date Request Submitted <u>March 3, 2022</u>
Activity: Day(s) <u>Wednesday</u>			
Event Time(s) <u>7:00 Pm -8:30 pm</u>		<u>2:30 PM</u>	<u>9:00 PM</u>
Name of Organization and Event Being Held <u>Crawford County Best Awards</u>		Number of Persons Attending Meeting <u>100-150</u>	Room(s) / Area Requested: <u>Arena</u>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Vickie Hunt</u>		Business Name: _____	
Phone Numbers: Home: <u>419 571-4481</u>		Contact Person: _____	
Work: <u>41921</u> Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <u>Ovrhd. Proj.</u> <input checked="" type="checkbox"/> Snacks <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <input checked="" type="checkbox"/> Lectern <u>Video Recorder</u> <u>Luncheon</u> <u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>		If specific hookup/utility needs are required see attached: (check <u>Yes</u> or <u>No</u>) Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ _____	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>March 3, 2022</u>	

Part II - To be completed by PCTC Personnel

Responsibility Notice

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>3/3/22</u>	<u>VH</u>
Billed for Services		
Referred to Board		

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.

VH
Signature (person in charge of activity)

Date: 3/3/22

Pioneer Stage

XXXXXXXXXX XXXXXXXX
XXXXXXXXXX XXXXXXXX

14 chairs-(2 rows)

Table

Podium

Flag stand

Flag Stand

W

12 chairs

A

12 chairs

12 chairs

L

12 chairs

12 chairs

K

12 chairs

12 chairs

W

12 chairs

12 chairs

A

12 chairs

12 chairs

Y

12 chairs

12 chairs

12 chairs

12 chairs

12 chairs

12 chairs

12 chairs

12 chairs

12 chairs

12 chairs

12 chairs

12 chairs

12 chairs