

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) 10-May-22		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Tuesday				May 2, 2022
Event Time(s) 1:00-2:10 pm				Room(s) / Area Requested:
Name of Organization and Event Being Held Senior Web Design & Programming		Number of Persons Attending Meeting 8		Cafeteria
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Marianne Ritchie		Business Name: N/A		
Phone Numbers: Home: _____		Contact Person: Marianne Ritchie		
Work: -4271 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Culinary Arts <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		If specific room setup/arrangements are required, see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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	5/4/22	KRK
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.

Marianne Ritchie
Signature (person in charge of activity)
Date: **5-2-2022**

to use these funds for the direct use, improvement,

Thank you for selecting Pioneer for your event!