

# 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) <b>8/4/2022-8/10/2022</b>		Setup Time	Tear Down Time	Date Request Submitted <b>June 6, 2022</b>
Activity: Day(s) <b>Thursday-Wednesday</b>				Room(s) / Area Requested: <b>Arena E116 &amp; E118 on 8/9-8/11 for hearing/vision screenings</b>
Event Time(s) <b>all day</b>				
Name of Organization and Event Being Held <b>Welcome Week (8/8 &amp; 8/10 12-6 pm; 8/9 9a - 3p) Set up on 8/4 and 8/5</b>		Number of Persons Attending Meeting <b>1200</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<p>Room Setup      Electronic      <u>  </u> Café OR <u>  </u> Culinary Arts</p> <p><input checked="" type="checkbox"/> Chairs      <u>  </u> Microphone      <u>  </u> Drinks</p> <p><input checked="" type="checkbox"/> Tables      <u>  </u> Ovrhd. Proj.      <u>  </u> Snacks</p> <p><u>  </u> Chalkboard      <u>  </u> Video Camera      <u>  </u> Breakfast</p> <p><u>  </u> Lectern      <u>  </u> Video Recorder      <u>  </u> Luncheon</p> <p><u>  </u> Coat Racks      <input checked="" type="checkbox"/> Internet Access      <u>  </u> Dinner</p>		<p>If specific hookup/utility needs are required see attached: (check one) <u>  </u> Yes or <u>  </u> No</p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: <b>Various stations needed for IDs, fees, schedules, forms, chromebooks - setup to be confirmed with Mr. Frye closer to the date of event</b></p>		
For specific room setup, see attached design: (check one) <u>  </u> Yes or <u>  </u> 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 .....	_____	
<b>Total Fee Estimate</b> _____		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	6/13/22	KWK
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)

Date: 6/6/22

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

**Thank you for selecting Pioneer for your event!**