

# 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>8/18/2023 &amp; 8/21/2023</b>		Set Up Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Friday &amp; Monday</b>				<b>August 14, 2023</b>
Event Time(s) <b>10am - 2pm</b>		<b>10:00 AM</b>	<b>3:00 PM</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Pioneer AG Classes</b> <i>Band/Choir</i>		Number of Persons Attending Meeting <b>35 students</b>		<b>Community Room</b> <i>B/c to Library</i>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Vickie Hunt</b>		Business Name: <b>Pioneer</b>		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b> )		
<input checked="" type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Drinks</u> <input type="checkbox"/> <u>Chairs</u> <input type="checkbox"/> <u>Microphone</u> <input type="checkbox"/> <u>Snacks</u> <input type="checkbox"/> <u>Tables</u> <input type="checkbox"/> <u>Ovrhd. Proj.</u> <input type="checkbox"/> <u>Breakfast</u> <input type="checkbox"/> <u>Chalkboard</u> <input type="checkbox"/> <u>Video Camera</u> <input type="checkbox"/> <u>Luncheon</u> <input type="checkbox"/> <u>Lectern</u> <input type="checkbox"/> <u>Video Recorder</u> <input type="checkbox"/> <u>Dinner</u> <input type="checkbox"/> <u>Coat Racks</u> <input type="checkbox"/> <u>Internet Access</u>		Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> <b>Yes</b> or <input checked="" type="checkbox"/> <b>No</b>		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <b>N/A</b>		

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

Estimate Calculation of Fees: Attach any pertinent papers	
Rental .....	<b>\$0.00</b>
Custodial Services .....	<b>0.00</b>
Food Services .....	<b>0.00</b>
Other .....	
<b>Total Fee Estimate</b>	<b>\$0.00</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>	
Action Taken	Date
<i>CSK</i>	<i>8/15/23</i>
By	
<i>kmk</i>	

### 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.**

*M. Collette A. Par*  
Signature (person in charge of activity)

Date: *8-14-23*

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

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