

# 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>15-Mar-24</b>		Setup Time <i>Thurs. 3/14/24</i>	Tear Down Time	Date Request Submitted <b>September 26, 2023</b>
Activity: Day(s) <b>Spring Job Fair</b>				Room(s) / Area Requested: <b>Arena</b>
Event Time(s) <b>8-3</b>				
Name of Organization and Event Being Held <b>Pioneer Spring Job Fair</b>		Number of Persons Attending Meeting <b>800</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Amy Law</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Electronic</u> <input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables      _____ Ovrd. Proj.      _____ Snacks <input type="checkbox"/> Chalkboard      _____ Video Camera <input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> Lectern      _____ Video Recorder <input checked="" type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks      _____ Internet Access      _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <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) <u>Yes</u> or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

### 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	<i>9/26/23</i>	<i>[Signature]</i>
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.**

*[Signature]*  
Signature (person in charge of activity)

Date: **9/26/2023**

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!**

Revised 07/15