

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

Everyone 9/15/23md

Part I - To be completed by organization requesting building utilization

Date(s) 11/16 11/16 11/30 12/7 12/14		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) 12/21 1/4 1/11 1/18 1/24 2/1 2/7		2/14		September 15, 2023																		
Event Time(s) 2/22		5:30	7:00	Room(s) / Area Requested: Arena/Gym																		
Name of Organization and Event Being Held Shelby 4th Grade Boys Basketball Team (Coach Todd Parsons)		Number of Persons Attending Meeting 15																				
Address 155 Glenwood Drive, Shelby, Ohio 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: Bethany Parsons (Todd Parsons)		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: _____ Cell: 419 545 3627		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><u>No</u> Chairs</td> <td><u>No</u> Microphone</td> <td><u>No</u> Drinks</td> </tr> <tr> <td><u>No</u> Tables</td> <td><u>No</u> Ovrhd. Proj.</td> <td><u>No</u> Snacks</td> </tr> <tr> <td><u>No</u> Chalkboard</td> <td><u>No</u> Video Camera</td> <td><u>No</u> Breakfast</td> </tr> <tr> <td><u>No</u> Lectern</td> <td><u>No</u> Video Recorder</td> <td><u>No</u> Luncheon</td> </tr> <tr> <td><u>No</u> Coat Racks</td> <td><u>No</u> Internet Access</td> <td><u>No</u> Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<u>No</u> Chairs	<u>No</u> Microphone	<u>No</u> Drinks	<u>No</u> Tables	<u>No</u> Ovrhd. Proj.	<u>No</u> Snacks	<u>No</u> Chalkboard	<u>No</u> Video Camera	<u>No</u> Breakfast	<u>No</u> Lectern	<u>No</u> Video Recorder	<u>No</u> Luncheon	<u>No</u> Coat Racks	<u>No</u> Internet Access	<u>No</u> Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>X</u> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>X</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 _____

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	9/15/23	Km K
Called 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: 9/15/23

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 school.

Thank you for selecting Pioneer for your event!