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	ig building uti	lization		
Date(s) Nov. 8,9,10,12,15,16,17,18,19	Setup Time	Tear Down	Date Request Submitted	
Activity: Day(s)		Time	October 26, 2021	
Event Time(s) 8:20-9:45	8:15	varies	Room(s) / Area Requested:	
Name of Organization and Event Being Held	Number o		Cafeteria, mostly eastern end,	
Pioneer		g Meeting	except all will be needed on the 17th (9:20-9:45)	
8th Grade Tours - orientation and grouping		30-220		
Address	I	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Beth Heinlen/Jim Sorenson	Business N	Business Name:		
Phone Numbers: Home:	Contact Pe	Contact Person:		
Work: 42253/42922 Cell:	Phone Nun	Phone Number:		
	Address:	Address:		
PCTC Requested Services: (Identify No. Needed)	If specific	If specific hookup/utility needs are required see attached:		
<u> </u>	i '	(check one) Yes or No		
Room Setup <u>Electronic</u> <u>Culinary Art</u>	s Estimated	Estimated time of arrival at Pioneer for setup/delivery:		
x Chairs Microphone Drinks				
Tables Ovrhd. Proj Snacks	Other/Spe	Other/Specify:		
Chalkboard Video Camera Breakfas	st Note: To	Note: Tear Down Time varies: 8:45 to 9:45		
LecternVideo RecorderLunched	on			
Coat Racks Internet Access Dinner				
For specific room setup, see attached design: (check one)	Date of co	Date of contact with Cafeteria/Culinary Arts Services		
Yes orNo	if used for	if used for this event:		
Part II - To be completed by PCTC Personnel		Respoi	nsibility Notice	
Estimate Calculation of Fees: Attach any pertinent paper	s. It is und	It is understood that our organization assumes full responsibility for any damage to the building and		
Rental				
Custodial Services	equipme	ent.		
Food Services	A Secur	A Security Deposit in the amount of \$		
Other		is required to confirm scheduling. This will be		
Total Fee Estimate		applied to final invoice upon satisfactory complete of		
Note: Final invoice billing based upon actual costs	event/ac	etivity.		
following the event/activity.	Any on	d all informati	ion on this form may be	
Upon receipt of invoice, please make check payable t		Any and all information on this form may be shared with the public through our publicly		
Pioneer CTC		accessed calendar.		
Action Taken Date By		1, 01	1	
Approved and Booked 028/21 610	17	That		
Billed for Services		Signature (per	son in charge of activity)	
Referred to Board	Date:	10/11	4	

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