

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|----------------------------------|--|-------------------------------------|--|--|---------------------------------------|---------------------------------|-------------------------------------|---------------------------------------|--|----------------------------------|---|---|-------------------------------------|--|-----------------------------------|--|--|---------------------------------|---|--|
| Date(s) <u>May 10, 2022</u> Activity: Day(s) <u>Tuesday</u> Event Time(s) <u>8 AM</u> | Setup Time <u>7:30 A</u> | Tear Down Time <u>9:30 A</u> | Date Request Submitted <u>4/20/22</u> Room(s) / Area Requested: <u>Pioneer Room</u> | | | | | | | | | | | | | | | | | | | | | |
| Name of Organization and Event Being Held <u>Club Officer Celebration</u> | | Number of Persons Attending Meeting <u>20</u> | | | | | | | | | | | | | | | | | | | | | | |
| Address Contact Person: _____ Phone Numbers: Home: _____ Work: _____ Cell: _____ | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____ | | | | | | | | | | | | | | | | | | | | | | |
| PCTC Requested Services: (Identify No. Needed) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Room Setup</td> <td><input type="checkbox"/> Electronic</td> <td><input type="checkbox"/> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input checked="" type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input checked="" type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Dinner</td> </tr> </table> For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No | | <input type="checkbox"/> Room Setup | <input type="checkbox"/> Electronic | <input type="checkbox"/> Café OR | <input checked="" type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | <input type="checkbox"/> Culinary Arts | <input checked="" type="checkbox"/> Tables | <input type="checkbox"/> Ovrhd. Proj. | <input type="checkbox"/> Drinks | <input type="checkbox"/> Chalkboard | <input type="checkbox"/> Video Camera | <input checked="" type="checkbox"/> Snacks | <input type="checkbox"/> Lectern | <input type="checkbox"/> Video Recorder | <input checked="" type="checkbox"/> Breakfast | <input type="checkbox"/> Coat Racks | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Luncheon | | | <input type="checkbox"/> Dinner | If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>lason to provide breakfast</u> | |
| <input type="checkbox"/> Room Setup | <input type="checkbox"/> Electronic | <input type="checkbox"/> Café OR | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Chairs | <input type="checkbox"/> Microphone | <input type="checkbox"/> Culinary Arts | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Tables | <input type="checkbox"/> Ovrhd. Proj. | <input type="checkbox"/> Drinks | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Chalkboard | <input type="checkbox"/> Video Camera | <input checked="" type="checkbox"/> Snacks | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lectern | <input type="checkbox"/> Video Recorder | <input checked="" type="checkbox"/> Breakfast | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Coat Racks | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Luncheon | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Dinner | | | | | | | | | | | | | | | | | | | | | | |
| Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ | | | | | | | | | | | | | | | | | | | | | | | | |

Part II - To be completed by PCTC Personnel

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.

| | | |
|---------------------|----------------|------------|
| Action Taken | Date | By |
| Approved and Booked | <u>4/21/22</u> | <u>WKC</u> |
| Billed for Services | | |
| Referred to Board | | |

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

[Signature]
 Signature (person in charge of activity)
 Date: _____