

# 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>1/26/2023</b> Activity: Day(s) <b>Thursday</b> Event Time(s) <b>6-8 pm</b>	Setup Time	Tear Down Time	Date Request Submitted <b>June 6, 2022</b>																		
Name of Organization and Event Being Held <b>Soph. Open House</b>		Number of Persons Attending Meeting	Room(s) / Area Requested: <b>Labs/Community Room</b>																		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: <b>Tina Hurst, ext. 42200</b> Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																			
PCTC Requested Services: (Identify No. Needed)  <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><u>Room Setup</u></td> <td style="width:33%;"><u>Electronic</u></td> <td style="width:33%;"><input checked="" type="checkbox"/> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td>___ Microphone</td> <td>___ Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td>___ Ovrhd. Proj.</td> <td><input checked="" type="checkbox"/> Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Luncheon</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td>___ Dinner</td> </tr> </table> For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or ___ No		<u>Room Setup</u>	<u>Electronic</u>	<input checked="" type="checkbox"/> Café OR	<input checked="" type="checkbox"/> Chairs	___ Microphone	___ Culinary Arts	<input checked="" type="checkbox"/> Tables	___ Ovrhd. Proj.	<input checked="" type="checkbox"/> Snacks	___ Chalkboard	___ Video Camera	___ Breakfast	___ Lectern	___ Video Recorder	___ Luncheon	___ Coat Racks	___ Internet Access	___ Dinner	If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
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## Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers. Rental ..... Custodial Services ..... Food Services ..... Other ..... <p style="text-align: center;"><b>Total Fee Estimate</b> _____</p> Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <p style="text-align: center;"><b>Pioneer CTC</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>6/13/22</td> <td>KWK</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	6/13/22	KWK	Billed for Services			Referred to Board			<h3 style="text-align: center;">Responsibility Notice</h3> 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.  <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>  <div style="text-align: center;">                  Signature (person in charge of activity)                  Date: 6/6/22             </div>
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