

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) <u>2/23/2023</u> Activity: Day(s) <u>Thursday</u> Event Time(s) <u>6-7:30 pm</u>	Setup Time	Tear Down Time	Date Request Submitted <u>May 20, 2021</u> Room(s) / Area Requested: <u>all labs</u>																					
Name of Organization and Event Being Held <u>Second Look Open House</u>	Number of Persons Attending Meeting																							
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: _____ 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%;"><u>Café OR</u></td> </tr> <tr> <td><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Culinary Arts</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td></td> <td></td> <td><u>Dinner</u></td> </tr> </table> For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>	<u>Room Setup</u>	<u>Electronic</u>	<u>Café OR</u>	<u>Chairs</u>	<u>Microphone</u>	<u>Culinary Arts</u>	<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Drinks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Snacks</u>	<u>Lectern</u>	<u>Video Recorder</u>	<u>Breakfast</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Luncheon</u>			<u>Dinner</u>	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: _____ _____ _____ 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 **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

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: 6/6/22

Action Taken	Date	By
Approved and Booked	6/13/22	KWK
Billed for Services		
Referred to Board		