

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) 3/31/2023		Setup Time 7:30	Tear Down Time 11:00	Date Request Submitted June 6, 2023
Activity: Day(s) Friday				Room(s) / Area Requested: Community Room
Event Time(s) 8:45 AM		Name of Organization and Event Being Held Partner School Principals Meeting		
Address		Number of Persons Attending Meeting 25		
Contact Person: Tina Hurst, ext. 42200		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____		Business Name: _____		
Work: _____ Cell: _____		Contact Person: _____		
PCTC Requested Services: (Identify No. Needed)		Phone Number: _____		
<input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		Address: _____		
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: _____		
		Breakfast arrangements made with J. Fortman as event approaches, tables/chairs in "U" shape with open end and podium at east end of room		
		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	6/13/22	KWC
Billed 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.

Tina Hurst
Signature (person in charge of activity)

Date: 6/6/22

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!