

# 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>4/20/2023</u>		Setup Time	Tear Down Time	Date Request Submitted <b>June 6, 2022</b>
Activity: Day(s) <u>Thursday</u>				Room(s) / Area Requested: <b>Arena</b>
Event Time(s) <u>9:00 am &amp; 12:00 pm</u>		Name of Organization <b>Senior Meetings with Mr. Frye</b>		Number of Persons Attending Meeting <b>300</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Tina Hurst, ext. 42200</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup	Electronic	Café/Culinary Arts		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	_____ Drinks		
_____ Tables	_____ Ovrhd. Proj.	_____ Snacks		
_____ Chalkboard	_____ Video Camera	_____ Luncheon		
<input checked="" type="checkbox"/> Lectern	_____ Video Recorder	_____ Dinner		
_____ Coat Racks	_____ Internet Access			
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input checked="" type="checkbox"/> Yes or <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: <b>Please have the middle screen down for the PowerPoint and Mr. Frye needs a podium and a microphone. Thank you!</b>		
		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	ICWC
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.

*Tina Hurst*  
Signature (person in charge of activity)

Date: 6/6/22

**Thank you for selecting Pioneer for your event!**

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.