

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) 10/6, 10/20, 2/9, 2/23 Activity: Day(s) Thursday Event Time(s) 4-7:30pm, 4-6pm on 2/23	Setup Time	Tear Down Time	Date Request Submitted June 8, 2022																					
Name of Organization and Event Being Held Parent/Teacher Conferences	Number of Persons Attending Meeting		Room(s) / Area Requested: all labs, Community Room																					
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><input type="checkbox"/> Room Setup</td> <td><input type="checkbox"/> Electronic</td> <td><input type="checkbox"/> Café OR</td> </tr> <tr> <td><input type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input 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 type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input 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 type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Snacks	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input 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: _____ _____ _____ 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 <p style="text-align:center;">Total Fee Estimate _____</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p>	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.												
<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			_____ Signature (person in charge of activity) Date: _____
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