



Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) <u>10/14/22, 12/9/22, 2/10/23</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Friday</u>		700	230	<u>May 10, 2022</u>
Event Time(s) <u>8:00am - 2:00pm</u>				Room(s) / Area Requested: <u>Arena</u>
Name of Organization and Event Being Held <u>Blood Drive- American Red Cross</u>		Number of Persons Attending Meeting		
Address <u>27 Ryan Rd</u> <u>Shelby, OH 44875</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Kerra Hines</u>		Business Name: <u>American Red Cross</u>		
Phone Numbers: Home: _____		Contact Person: <u>Kelly Beck</u>		
Work: <u>419 347-7744</u> Cell: _____		Phone Number: <u>419-340-8850</u>		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Culinary Arts <input checked="" 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 type="checkbox"/> Breakfast <input 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		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: <u>700</u> Other/Specify: _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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	<u>\$0.00</u>
Custodial Services	<u>0.00</u>
Food Services	<u>0.00</u>
Other	<u>0.00</u>
Total Fee Estimate	<u>\$0.00</u>

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	<u>6/2/22</u>	<u>[Signature]</u>
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 \$ 0.00 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: _____

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

Thank you for selecting Pioneer for your event!