

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>04/10/23 - 04/15/23</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Saturday - April 15</u>				<u>May 10, 2022</u>
Event Time(s) <u>7:00pm to 10:00pm</u>		<u>810</u>	<u>10:00 to done</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held Prom		Number of Persons Attending Meeting TBD		Arena/DLTC
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: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>419 347-7744</u> Cell: <u>740 358-3972</u>		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <u>Microphone</u> <u>Drinks</u> <input checked="" type="checkbox"/> Tables <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u> <u>Coat Racks</u> <input checked="" type="checkbox"/> <u>Internet Access</u> <u>Dinner</u>		If specific hookup/utility needs are required see attached: (check one) <input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services		
<input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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	<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 \$ _____ 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!