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) 1st Monday of ea. Month | Se | etup Time | Tear Down | Date Request Submitted |
| Activity: Day(s) 1 | | | Time | June 6, 2022 |
| Event Time(s) 2:35 PM | | 2:00 PM | 3:30 PM | Room(s) / Area Requested: |
| Name of Organization and Event Being Held | | Number o | | Arena |
| Staff Meeting, 9/6,10/3,11/7,12/5,1/9,2/6,3/6,4/10,5/1 | | Attending Meeting | | |
| | | 125 | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| | | 4 | | |
| Contact Person: | | Business Name: | | |
| Phone Numbers: Home: | | Contact Person: | | |
| Work: Cell: | | Phone Number: | | |
| | | Address: | | |
| PCTC Requested Services: (Identify No. Needed) | | If specific hookup/utility needs are required see attached: | | |
| <u>Café</u> OR <u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u> | | (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: | | |
| | | Estimated time of arrival at Floneer for setup/derivery. | | |
| X Chairs Microphone Drinks Drinks | | Other/Specify: 125 chairs distanced as much | | |
| Tables x Ovrhd. Proj. Snacks | | | | |
| Chalkboard Video Camera Breakfast | | as possible for social distancing, middle | | |
| x Lectern Video Recorder Luncheon | | screen down | | |
| Coat Racks Internet Access Dinner | | Data of contact with Cafetonia/Culinam, Auta Samina | | |
| For specific room setup, see attached design: (check one) | | Date of contact with Cafeteria/Culinary Arts Services | | |
| Yes or No | | if used for this event: | | |
| Part II - To be completed by PCTC Personnel | | Responsibility Notice | | |
| Estimate Calculation of Fees: Attach any pertinent p | It is understood that our organization assumes full | | | |
| Rental | | responsibility for any damage to the building and equipment. | | |
| Custodial Services | | equipino | ziit. | |
| Food Services | | A Security Deposit in the amount of \$ | | |
| Other | | is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of | | |
| Total Fee Estimate | | event/activity. | | |
| Note: Final invoice billing based upon actual costs | | [CVCIII/ac | it vity. | |
| following the event/activity. | | Any and all information on this form may be | | |
| Upon receipt of invoice, please make check payable to: | | shared with the public through our publicly | | |
| Pioneer CTC | | accossed calendar. | | |
| Action Taken Date By | 1/ | 1 / 1/4 | SING | |
| Approved and Booked 6/13/22 Kw | <u> </u> | | WIDY J | |
| Billed for Services | | Signature (person in charge of activity) | | |
| Referred to Board | Date: | $\varphi \mid \varphi$ | 100 | |

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!