

Building Utilization Request

Pioneer

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>1/4;1/11;1/17;1/25; 2/1;2/8</u> Activity: Day(s) <u>Tues/Wed</u> Event Time(s) <u>2:30-3:30 pm</u>	Set Up Time	Tear Down Time	Date Request Submitted August 29, 2022
Name of Organization and Event Being Held Pioneer PD		Number of Persons Attending Meeting 10-20	Room(s) / Area Requested: Community Room
Address Pioneer		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Shannon Sprang</u> Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____	
PCTC Requested Services: (Identify No. Needed) _____ <u>Café</u> OR _____ <u>Culinary Arts</u> <u>Room Setup</u> <u>Electronic</u> _____ Chairs _____ Microphone _____ Drinks _____ Tables _____ Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast _____ Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks _____ Internet Access _____ Dinner For specific room setup, see attached design: (check one) _____ Yes or <u>X</u> No		If specific hookup/utility needs are required see attached: (check _____ Yes or _____ 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: _____	
Part II - To be completed by PCTC Personnel			
Estimate Calculation of Fees: Attach any pertinent papers. Rental \$0.00 Custodial Services 0.00 Food Services 0.00 Other _____ Total Fee Estimate \$0.00		<h3 style="text-align: center;">Responsibility Notice</h3> 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.	
Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <p style="text-align: center;">Pioneer CTC</p>		<p>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p>	
Action Taken	Date	By	
Approved and Booked	9/1/22	JK	V Hunt
Billed for Services			Signature (person in charge of activity)
Referred to Board			Date: 8/31