

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) March 20, 2023		Set Up Time 1:00 PM	Tear Down Time 6:30 PM	Date Request Submitted August 29, 2022																														
Activity: Day(s) Cancelled Monday	Event Time(s) 5:00 - 6:00 pm			Room(s) / Area Requested: Arena																														
Name of Organization and Event Being Held National Technical Honor Society Induction Ceremony		Number of Persons Attending Meeting 100-150																																
Address Pioneer NTHS		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																																
Contact Person: K. Sticher/E. Jenkins		Business Name: _____																																
Phone Numbers: Home: _____		Contact Person: _____																																
Work: _____ Cell: _____		Phone Number: _____																																
PCTC Requested Services: (Identify No. Needed)		Address: _____																																
<table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td>___ Café</td> <td>OR</td> <td>___ Culinary Arts</td> </tr> <tr> <td>150 Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>___</td> <td></td> <td>___ Drinks</td> </tr> <tr> <td>2 Tables</td> <td>___ Ovrhd. Proj.</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>x Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___</td> <td></td> <td>___ Breakfast</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___</td> <td></td> <td>___ Luncheon</td> </tr> <tr> <td>1 Coat Racks</td> <td>___ Internet Access</td> <td>___</td> <td></td> <td>___ Dinner</td> </tr> </table>		Room Setup	Electronic	___ Café	OR	___ Culinary Arts	150 Chairs	<input checked="" type="checkbox"/> Microphone	___		___ Drinks	2 Tables	___ Ovrhd. Proj.	<input checked="" type="checkbox"/>		x Snacks	___ Chalkboard	___ Video Camera	___		___ Breakfast	___ Lectern	___ Video Recorder	___		___ Luncheon	1 Coat Racks	___ Internet Access	___		___ Dinner	If specific hookup/utility needs are required see attached: (check ___ Yes or ___ No)		
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For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____																																
<input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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			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.		
Note: Final invoice billing based upon actual costs following the event/activity.			Any and all information on this form may be shared with the public through our publicly accessed calendar.		
Upon receipt of invoice, please make check payable to: Pioneer CTC			Signature (person in charge of activity) 		
Action Taken	Date	By	Date: 9/1/22		
Approved and Booked	9/1/22	K-K			
Billed for Services					
Referred to Board					