

# 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) <u>March 24, 2023</u>	Setup Time <u>J. Moran</u>	Tear Down Time <u>2:30</u>	Date Request Submitted <u>9/8/22</u>																					
Activity: Day(s) <u>1</u>			Room(s) / Area Requested: <u>Arena</u>																					
Event Time(s)																								
Name of Organization and Event Being Held <u>Job Fair</u>		Number of Persons Attending Meeting																						
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																						
Contact Person: <u>Amy Law</u>		Business Name: _____																						
Phone Numbers: Home: _____		Contact Person: _____																						
Work: _____ Cell: _____		Phone Number: _____																						
PCTC Requested Services: (Identify No. Needed)		Address: _____																						
<table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Room Setup</td> <td><input type="checkbox"/> Electronic</td> <td><input type="checkbox"/> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input checked="" type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input checked="" type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input checked="" type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input checked="" type="checkbox"/> Luncheon</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Dinner</td> </tr> </table>		<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café OR	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input checked="" type="checkbox"/> Drinks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input checked="" type="checkbox"/> Snacks	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input checked="" type="checkbox"/> Breakfast	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input checked="" type="checkbox"/> Luncheon			<input type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
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		<input type="checkbox"/> Dinner																						
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery:																						
<u>Yes</u> or <u>No</u>		_____																						
		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 ..... \_\_\_\_\_

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>9/12/22</u>	<u>Kulc</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]  
Signature (person in charge of activity)

Date: 9/18/22

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!**

Revised 07/15