

*[Handwritten initials]*

# 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>May 11, 2023</u>		Set Up Time <b>7:30</b>	Tear Down Time <b>9:20</b>	Date Request Submitted <b>August 29, 2022</b>
Activity: Day(s) <u>Friday</u>	Event Time(s) <b>8:20-9:20 am</b>			Room(s) / Area Requested: <b>Cafeteria</b>
Name of Organization and Event Being Held <del>Pioneer Year-End Breakfast</del> <i>Table Top Breakfast</i>		Number of Persons Attending Meeting <b>140</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Vickie Hunt</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> <u>Café</u> OR		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> <u>Yes</u> or <input type="checkbox"/> <u>No</u> )		
<input checked="" type="checkbox"/> <u>Room Setup</u>	<input type="checkbox"/> <u>Electronic</u>	<input type="checkbox"/> <u>Culinary Arts</u>		
<input checked="" type="checkbox"/> <u>Tables</u>	<input type="checkbox"/> <u>Ovrhd. Proj.</u>	<input type="checkbox"/> <u>Snacks</u>		
<input type="checkbox"/> <u>Chalkboard</u>	<input type="checkbox"/> <u>Video Camera</u>	<input checked="" type="checkbox"/> <u>Breakfast</u>		
<input type="checkbox"/> <u>Lectern</u>	<input type="checkbox"/> <u>Video Recorder</u>	<input type="checkbox"/> <u>Luncheon</u>		
<input type="checkbox"/> <u>Coat Racks</u>	<input type="checkbox"/> <u>Internet Access</u>	<input type="checkbox"/> <u>Dinner</u>		
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> <u>Yes</u> or <input checked="" type="checkbox"/> <u>No</u>		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>August 31, 2022</u>		

## Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers.	
Rental .....	<b>\$0.00</b>
Custodial Services .....	<b>0.00</b>
Food Services .....	<b>0.00</b>
Other .....	
<b>Total Fee Estimate</b>	<b>\$0.00</b>
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.	
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>	
<b>Action Taken</b>	<b>Date</b> <b>By</b>
Approved and Booked	<u>9/12/22</u> <i>[Signature]</i>
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: 9/1/22