

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

Handwritten initials

Part I - To be completed by organization requesting building utilization

Date(s) <u>9/20/22, 11/8/23, 3/17/23</u>		Set Up Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>1</u>		<u>8:10</u>	<u>10:00</u>	<u>9/13/22</u>
Event Time(s) <u>8:30 - 10:00</u>		Room(s) / Area Requested:		
Name of Organization and Event Being Held		Number of Persons Attending Meeting	CAFETERIA <u>PIONEER ROOM</u>	
<u>PARTNER SCHOOL COUNSELOR MEETING</u>		<u>25</u>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
<u>27 RYAN RD</u>				
Contact Person: <u>DAN BURTSCHER</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>42252</u> Cell: <u>419 631-2147</u>		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café OR		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input type="checkbox"/> No)		
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Culinary Arts		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input checked="" type="checkbox"/> Breakfast		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner		
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input 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	<u>\$0.00</u>
Custodial Services	<u>0.00</u>
Food Services	<u>0.00</u>
Other	
Total Fee Estimate	<u>\$0.00</u>
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>9/14/22</u> <u>[Signature]</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 (person in charge of activity)

Date: _____

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

Thank you for selecting Pioneer for your event!