

Corrected

# 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) <b>May 26, 2023</b>		Set Up Time <b>7:30</b>	Tear Down Time <b>10:30</b>	Date Request Submitted <b>September 14, 2022</b>
Activity: Day(s) <b>Friday</b>				Room(s) / Area Requested: <b>Cafeteria</b>
Event Time(s) <b>8:20-10:30 am</b>				
Name of Organization and Event Being Held <b>Pioneer Year End Breakfast</b>		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: <b>Vickie Hunt</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <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		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input type="checkbox"/> No) Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <b>August 31, 2022</b>		

## 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>

**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	9/14/22	[Signature]
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: \_\_\_\_\_