

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) February 6, 2023	Set Up Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Monday	7:30 AM	1:10 AM	October 5, 2022
Event Time(s) 8:00am -12:00 pm			Room(s) / Area Requested:
Name of Organization and Event Being Held		Number of Persons Attending Meeting	Arena
Rotary Job Shadowing		60	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: V. Hunt		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: 42921 Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
Room Setup Electronic <input checked="" type="checkbox"/> Café OR <input checked="" type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone ___ Drinks <input checked="" type="checkbox"/> Tables ___ Ovrhd. Proj. ___ Snacks ___ Chalkboard ___ Video Camera ___ Breakfast <input checked="" type="checkbox"/> Lectern ___ Video Recorder <input checked="" type="checkbox"/> Luncheon <input checked="" type="checkbox"/> Coat Racks ___ Internet Access ___ Dinner		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input type="checkbox"/> No)	
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: _____	
Part II - To be completed by PCTC Personnel		Date of contact with Cafeteria/Culinary Arts Services if used for this event: October 5, 2022	
Estimate Calculation of Fees: Attach any pertinent papers.		Responsibility Notice	
Rental	\$0.00	It is understood that our organization assumes full responsibility for any damage to the building and equipment.	
Custodial Services	0.00		
Food Services	0.00	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.	
Other			
Total Fee Estimate		\$0.00	
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			
Action Taken	Date	By	_____ Signature (person in charge of activity) Date: 10/5/22
Approved and Booked	10/6/22	V. Hunt	
Billed for Services			
Referred to Board			