

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) January 25 & 26, 2023		Set Up Time	Tear Down Time	Date Request Submitted October 19, 2022
Activity: Day(s) Weds. & Thurs.				Room(s) / Area Requested: Community Room, DLTC
Event Time(s) all day		Name of Organization and Event Being Held Sophomore Visitation		
Address		Services to be provided by outside person(s)/vendors		
Contact Person: _____		Business Name _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <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 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		attached: _____ (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify Chairs around perimeter of Community Room Two tables set up in front of windows w/chair		
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 even _____		

Part II - To be completed by PCTC Personnel

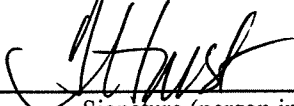
Estimate Calculation of Fees: Attach any pertinent pa		
Rental		\$0.00
Custodial Service.....		0.00
Food Services.....		0.00
Other		
Total Fee Estimate		\$0.00
Note: Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: Pioneer CTC		
Action Taken	Date	By
Approved and Booked	10/19/22	KWK
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: 10/19/22

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

Thank you for selecting Pioneer for your event!