

**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>February 6, 2023</b>		Set Up Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) <b>Monday</b>				<b>November 17, 2022</b>																		
Event Time(s) <b>8:00am -12:00 pm</b>		<b>7:30 AM</b>	<b>12:00 PM</b>	Room(s) / Area Requested:																		
Name of Organization and Event Being Held		Number of Persons Attending Meeting		<b>DLTC</b>																		
<b>Rotary Job Shadowing</b>		<b>40</b>																				
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: <b>V. Hunt</b>		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: <b>42921</b> Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR</td> </tr> <tr> <td><input type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<input type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast	<input checked="" 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)		
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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: <b>May need setup for communicating with hospital more detailed information to follow</b>																				
		<b>Right now I'm just reserving the space. thanks</b>																				
		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 .....	<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	11/21/22	V Hunt
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: 11/17/22

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!**