

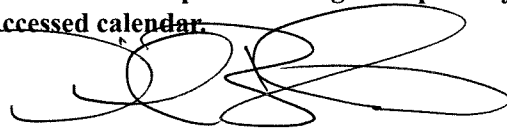
Building Utilization Request



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) <u>1/25/2023 & 1/26/2023</u>		Set Up Time	Tear Down Time	Date Request Submitted December 8, 2022
Activity: Day(s) <u>All</u>				Room(s) / Area Requested: W119
Event Time(s) <u>All Day</u>		Name of Organization and Event Being Held Sophomore Visitation - Bus Driver Reception		Number of Persons Attending Meeting 20 each day
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Dan Burtscher</u>		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"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Recorder <input type="checkbox"/> Internet Access <input type="checkbox"/> Tables <input type="checkbox"/> Snacks <input type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <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: _____		
Part II - To be completed by PCTC Personnel		Responsibility Notice		
Estimate Calculation of Fees: Attach any pertinent papers		It is understood that our organization assumes full responsibility for any damage to the building and equipment.		
Rental	\$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.		
Custodial Services	0.00	Any and all information on this form may be shared with the public through our publicly accessed calendar.		
Food Services	0.00	 Signature (person in charge of activity)		
Other				
Total Fee Estimate		Date: _____		
\$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	12/9/22	[Signature]		
Billed for Services				
Referred to Board				

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 the

Thank you for selecting Pioneer for your event!