Building Utilization Request

Pioneer

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) 3/9/2023 | | | Setup Time | Tear Down | Date Request Submitted | |
| Activity: Day(s) | | | | Time | January 27, 2023 | |
| Event Time | | | 5-6 pm | 8-8:30pm | Room(s) / Area Requested: | |
| Name of Organization and Event Being Held | | | 1 | of Persons | Auditorium | |
| Richland County EMA / Skywarn Training | | | i i | Attending Meeting 75-125 | | |
| | | | | Services to be provided by outside person(s)/vendors | | |
| Address | | | | (i.e. caterer, photographer, etc.) | | |
| 597 PAE, Mansfield, OH 44905 | | | | 4 | | |
| Contact Person: David Weigold | | | | Business Name: n/a | | |
| Phone Numbers: | | | | Contact Person: | | |
| Work: | Cell: 419 | 610-6047 | Phone Nur | mber: | | |
| | | | Address: | | | |
| PCTC Requested Services: (Identify No. Needed) | | | | If specific hookup/utility needs are required see attached: | | |
| <u>Cafë</u> OR <u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u> | | | | (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: | | |
| | | Culinary Art | <u>s</u> Estimated | i time of arriva | i at Proffeet for setup/defivery. | |
| | Microphone | Drinks | 0.1 /6 | • • • | | |
| | Ovrhd. Proj. | | Other/Spo | ecity: | | |
| | Video Camera | | | | | |
| Lectern | Video Recorder | Lunched |)n | ······································ | | |
| ·········· | - | Dinner | | | | |
| For specific room setup, see attached design: (check one) | | | | Date of contact with Cafeteria/Culinary Arts Services | | |
| Yes or X No | | if used fo | if used for this event: | | | |
| Part II - To be comp | ersonnel | | Responsibility Notice | | | |
| Estimate Calculation of | pertinent paper | 3 | It is understood that our organization assumes full | | | |
| Rental | | | 1 ' | responsibility for any damage to the building and equipment. | | |
| Custodial Services | | | equipme | | | |
| Food Services | | | A Secur | A Security Deposit in the amount of \$ | | |
| Other | | | • | is required to confirm scheduling. This will be | | |
| Total Fee Estimate | | | 1 | applied to final invoice upon satisfactory complete of event/activity. | | |
| Note: Final invoice billing based upon actual costs | | | event/ac | ctivity. | | |
| following the event/activity. | | | Anyan | d all informati | ion on this form may be | |
| Upon receipt of invoice, please make check payable to: Pioneer CTC | | | | Any and all information on this form may be shared with the public through our publicly | | |
| | | | | accessed calendar. | | |
| Action Taken | Date | By | 1 4 | | The state of the s | |
| Approved and Booked 1/30/23 Kul | | | | L'an Werse | | |
| Billed for Services | | | | Signature (person in charge of activity) | | |
| Referred to Board | | | Date: ∠ | Date: 1-27 - 23 | | |

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 school.

Thank you for selecting Pioneer for your event!