

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>2/21/2023</u> <u>2023</u>		Setup Time 2:30	Tear Down Time 7:30	Date Request Submitted January 27, 2023
Activity: Day(s) Tuesday				Room(s) / Area Requested: ECE Related Room
Event Time(s) 3:45- 7:30		Name of Organization and Event Being Held First Aid and CPR Training for ECE Staff		
Address 27 Ryan Rd Shelby Ohio 44875		Number of Persons Attending Meeting 11		
Contact Person: Stephanie Roberts		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____		Business Name: Shelby Fire Dept conducting class		
Work: 419 347-7744 Cell: _____		Contact Person: Mike Thompson		
PCTC Requested Services: (Identify No. Needed)		Phone Number: 419-342-3166		
Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <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		Address: _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
		Estimated time of arrival at Pioneer for setup/delivery: 3:30		
		Other/Specify: _____		
		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.

Rental

Custodial Services

Food Services

Other

Total Fee Estimate

Note: Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:
Pioneer CTC

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.

Stephanie Roberts
Signature (person in charge of activity)

Date: 1-27-23

Action Taken	Date	By
Approved and Booked	1/31/23	krk
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

Thank you for selecting Pioneer for your event!