

Building Utilization Request

Pioneer

Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) <u>3/16/23</u>	Set up Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Thursday</u>			<u>February 22, 2023</u>
Event Time(s) <u>8:00-9:00</u>	<u>7:45</u>	<u>9:15</u>	Room(s) Area Requested:
Name of Organization and Event Being Held <u>Air National Guard-cybersecurity presentation</u>		Number of Persons Attending Meeting <u>75</u>	<u>DLTC</u>

Address	Services to be provided by outside person(s) vendors (i.e. caterer, photographer, etc.)
Contact Person: <u>Tasha Lisle</u>	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: _____ Cell: _____	Phone Number: _____
	Address: _____

PCTC Requested Services: (Identify No. Needed)	If specific hookup utility needs are required see attached: (check one) <u>X</u> Yes or <u> </u> No																					
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u> <u>laptop</u></td> <td><u> </u> <u>Café</u> OR</td> </tr> <tr> <td><u>Chairs</u></td> <td><u> </u> <u>Microphone</u></td> <td><u> </u> <u>Culinary Arts</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>X</u> <u>Ovrhd. Proj.</u></td> <td><u> </u> <u>Drinks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u> </u> <u>Video Camera</u></td> <td><u> </u> <u>Snacks</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u> </u> <u>Video Recorder</u></td> <td><u> </u> <u>Breakfast</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>X</u> <u>Internet Access</u></td> <td><u> </u> <u>Luncheon</u></td> </tr> <tr> <td></td> <td><u> </u> <u>Dinner</u></td> <td></td> </tr> </table>	<u>Room Setup</u>	<u>Electronic</u> <u>laptop</u>	<u> </u> <u>Café</u> OR	<u>Chairs</u>	<u> </u> <u>Microphone</u>	<u> </u> <u>Culinary Arts</u>	<u>Tables</u>	<u>X</u> <u>Ovrhd. Proj.</u>	<u> </u> <u>Drinks</u>	<u>Chalkboard</u>	<u> </u> <u>Video Camera</u>	<u> </u> <u>Snacks</u>	<u>Lectern</u>	<u> </u> <u>Video Recorder</u>	<u> </u> <u>Breakfast</u>	<u>Coat Racks</u>	<u>X</u> <u>Internet Access</u>	<u> </u> <u>Luncheon</u>		<u> </u> <u>Dinner</u>		Estimated time of arrival at Pioneer for setup delivery: _____
<u>Room Setup</u>	<u>Electronic</u> <u>laptop</u>	<u> </u> <u>Café</u> OR																				
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For specific room setup, see attached design: (check one)	Other Specify: _____																					
<u> </u> Yes or <u> </u> 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.

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.

Action Taken	Date	By
Approved and Booked	<u>2/22/23</u>	<u>[Signature]</u>
Billed for Services		
Referred to Board		

Tasha Lisle
Signature (person in charge of activity)

Date: 2/22/23

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

Thank you for selecting Pioneer for your event!