

# 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>3-Mar-23</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Friday</b>	<b>10:00</b>	<b>12:00 PM</b>	<b>Feb. 22, 2023</b>
Event Time(s)			Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Kokosing, CAD, Welding, 3 Construction, Collision, PE, Diesel, Auto Tech</b> <i>Je SR 2-sessions</i>		Number of Persons Attending Meeting <b>150</b>	<b>DLTC</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>Amy Law</b>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: _____ Cell: _____		Phone Number: _____	
Address: _____		Address: _____	
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>    </u> Yes or <u>    </u> No	
<u>    </u> Café OR <u>    </u> Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>    </u> Room Setup	Other/Specify: _____		
<u>    </u> Chairs	<u>    </u> Electronic	<u>    </u> Microphone	<u>    </u> Drinks
<u>    </u> Tables	<u>    </u> Ovrhd. Proj.	<u>    </u> Snacks	
<u>    </u> Chalkboard	<u>    </u> Video Camera	<u>    </u> Breakfast	
<u>    </u> Lectern	<u>    </u> Video Recorder	<u>    </u> Luncheon	
<u>    </u> Coat Racks	<u>    </u> Internet Access	<u>    </u> Dinner	
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<u>    </u> Yes or <u>    </u> No			

## Part II - To be completed by PCTC Personnel

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental ..... _____</p> <p>Custodial Services ..... _____</p> <p>Food Services ..... _____</p> <p>Other ..... _____</p> <p><b>Total Fee Estimate</b> _____</p> <p><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b></p>	<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b></p> <p><i>[Signature]</i> Signature (person in charge of activity)</p> <p>Date: <u>2/22/23</u></p>												
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>2/22/23</td> <td>K-1C</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	2/22/23	K-1C	Billed for Services			Referred to Board			
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