

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) April 3rd thru April 5th		Set Up Time 10	Tear Down Time 2	Date Request Submitted March 17, 2023
Activity: Day(s) Monday				Room(s) / Area Requested: W129
Event Time(s) 10am - 2pm		Name of Organization and Event Being Held Health Assistant		
Address		Number of Persons Attending Meeting 10		
Contact Person: Terri Crain		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____		Business Name: _____		
Work: _____ Cell: _____		Contact Person: _____		
PCTC Requested Services: (Identify No. Needed)		Phone Number: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Culinary Arts</u>		Address: _____		
<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		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No)		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers Rental \$0.00 Custodial Services 0.00 Food Services 0.00 Other _____ Total Fee Estimate \$0.00			Responsibility Notice 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.		
Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: Pioneer CTC			Signature (person in charge of activity) _____ Date: _____		
Action Taken	Date	By			
	3/22/23	[Signature]			

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!