

# 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>27-Apr-23</b>		Setup Time <b>5:30 PM</b>	Tear Down Time <b>7:30 PM</b>	Date Request Submitted <b>April 24, 2023</b>
Activity: Day(s) <b>Thursday</b>				Room(s) / Area Requested: <b>W102 Ms. Grau's room Horticulture &amp; Community Room</b>
Event Time(s) <b>6 pm - 7 pm</b>		Name of Organization <b>ECE-April Parent Event w/Horticulture lab</b>		Number of Persons Attending Meeting <b>50</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Ellen Zaebst</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>ext 42600</b> 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		
<input checked="" type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café/Culinary Arts		Estimated time of arrival at Pioneer for setup/delivery: _____
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks		Other/Specify: _____
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks		_____
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon		_____
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner		_____
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
For specific room setup, see attached design: (check one)				
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No				

## 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.

*Ellen Zaebst*

Signature (person in charge of activity)

Date: **4/24/23**

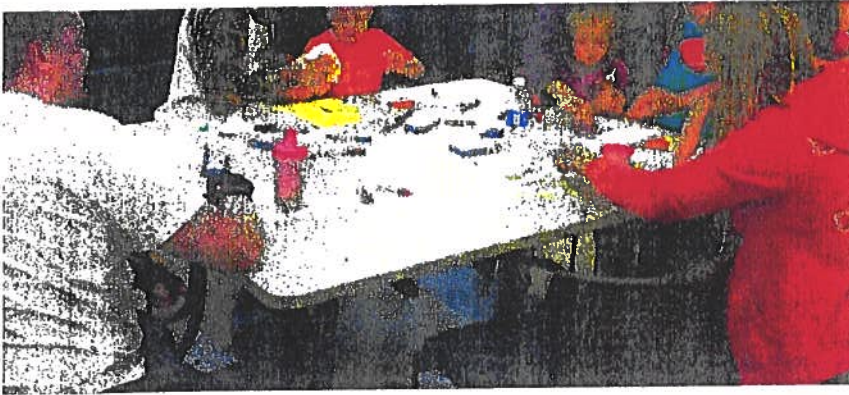
Action Taken	Date	By
Approved and Booked	4/24/23	[Signature]
Billed for Services		
Referred to Board		

**Thank you for selecting Pioneer for your event!**

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.

Community room set up: 6 sets of 2 tables-48 chairs

see pic below



Chair  
Table

