

# Building Utilization Request



# 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) <b>5/19/2023</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Friday</b>				<b>May 2, 2023</b>
Event Time(s) <b>7:30-2:30</b>				Room(s) / Area Requested: <b>Comm. Room</b>
Name of Organization and Event Being Held <b>Performing Arts</b>			Number of Persons Attending Meeting <b>30</b>	
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: _____			Business Name: _____	
Phone Numbers: Home: _____			Contact Person: _____	
Work: _____ Cell: _____			Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)			Address: _____	
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts			If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	Other/Specify: _____		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	_____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	_____		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	_____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	_____		
For specific room setup, see attached design: (check one)			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<input type="checkbox"/> Yes or <input type="checkbox"/> No				

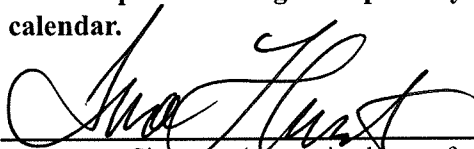
## Part II - To be completed by PCTC Personnel


**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 completion of event/activity.

**Any and all information on this form may be shared with the public through our publicly accessed calendar.**

Signature (person in charge of activity)  
  
Date: **5/12/23**

Estimate Calculation of Fees: Attach any pertinent papers.		
Rental .....		
Custodial Services .....		
Food Services .....		
Other .....		
<b>Total Fee Estimate</b> .....		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	5/12/23	
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 maintenance

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