

**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) <u>May 10th</u>	Setup Time	Tear Down Time	Date Request Submitted <u>5/1/23</u>
Activity: Day(s) <u>Wednesday</u>			Room(s) / Area Requested: <u>Pioneer Room</u>
Event Time(s) <u>7:30am - 9:00 AM</u>	Name of Organization and Event Being Held <u>Staff Appreciation</u>		Number of Persons Attending Meeting
Address <u>Donuts + Bagels</u>	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Jason Fortman</u>	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: _____ Cell: _____	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)	Address: _____		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts	attached: (check one) <u>Yes</u> or <u>No</u>		
<input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Culinary Arts <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 checked="" 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	Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>	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 paper 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>	<p align="center"><b>Responsibility Notice</b></p> <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 align="center"><u>Keptel Winters</u> Signature (person in charge of activity)</p> <p>Date: <u>5/1/23</u></p>												
<table border="1"> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> <tr> <td>Approved and Booked</td> <td><u>5/2/23</u></td> <td><u>KWC</u></td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </table>	Action Taken	Date	By	Approved and Booked	<u>5/2/23</u>	<u>KWC</u>	Billed for Services			Referred to Board			
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to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school. **Thank you for selecting Pioneer for your event!**