

To: Tina Hurst

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) <u>5/16/23</u>	Setup Time	Tear Down Time	Date Request Submitted <u>5-3-23</u>
Activity: Day(s) <u>Wednesday Tuesday</u>			
Event Time(s) <u>8⁴⁵-10³⁰ + 11-12⁴⁵</u>			Room(s) / Area Requested:

Name of Organization and Event Being Held <u>RISE Up: Customer Service + Sales Exam</u>	Number of Persons Attending Meeting <u>12</u>	Room(s) / Area Requested: <u>Community Room / AM Room / MS Room</u>
--	--	--

Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) <u>WiFi</u>
---------	---

Contact Person: <u>Mark Sertz</u>	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: <u>Pioneer x42515</u> Cell: _____	Phone Number: _____
	Address: _____

PCTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>																				
<table border="0"> <tr> <td><u>12</u> Chairs</td> <td><u>6</u> Tables</td> <td><u>1</u> Chalkboard</td> <td><u>1</u> Lectern</td> <td><u>1</u> Coat Racks</td> </tr> <tr> <td><u>1</u> Café OR</td> <td><u>1</u> Electronic</td> <td><u>1</u> Culinary Arts</td> <td><u>1</u> Microphone</td> <td><u>1</u> Ovrd. Proj.</td> </tr> <tr> <td><u>1</u> Drinks</td> <td><u>1</u> Snacks</td> <td><u>1</u> Breakfast</td> <td><u>1</u> Video Camera</td> <td><u>1</u> Video Recorder</td> </tr> <tr> <td><u>1</u> Luncheon</td> <td><u>1</u> Dinner</td> <td><u>1</u> Internet Access</td> <td></td> <td></td> </tr> </table>	<u>12</u> Chairs	<u>6</u> Tables	<u>1</u> Chalkboard	<u>1</u> Lectern	<u>1</u> Coat Racks	<u>1</u> Café OR	<u>1</u> Electronic	<u>1</u> Culinary Arts	<u>1</u> Microphone	<u>1</u> Ovrd. Proj.	<u>1</u> Drinks	<u>1</u> Snacks	<u>1</u> Breakfast	<u>1</u> Video Camera	<u>1</u> Video Recorder	<u>1</u> Luncheon	<u>1</u> Dinner	<u>1</u> Internet Access			Estimated time of arrival at Pioneer for setup/delivery: _____
<u>12</u> Chairs	<u>6</u> Tables	<u>1</u> Chalkboard	<u>1</u> Lectern	<u>1</u> Coat Racks																	
<u>1</u> Café OR	<u>1</u> Electronic	<u>1</u> Culinary Arts	<u>1</u> Microphone	<u>1</u> Ovrd. Proj.																	
<u>1</u> Drinks	<u>1</u> Snacks	<u>1</u> Breakfast	<u>1</u> Video Camera	<u>1</u> Video Recorder																	
<u>1</u> Luncheon	<u>1</u> Dinner	<u>1</u> Internet Access																			
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>X 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 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

Action Taken	Date	By
Approved and Booked	<u>5/5/23</u>	<u>MS/KC</u>
Billed for Services		
Referred to Board		

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.

Signature (person in charge of activity)
Mark Sertz

Date: 5-3-23