

# 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>6/1/2023-7/25/2023</b> Activity: Day(s) <b>Monday through Thursday's</b> Event Time(s) <b>4:30-8:30pm</b>	Setup Time	Tear Down Time	Date Request Submitted <b>May 24, 2023</b>																		
Name of Organization and Event Being Held <b>Adult Education- Phlebotomy</b>	Number of Persons Attending Meeting <b>10</b>		Room(s) / Area Requested: <b>W133 &amp; W135 Medical Technologies and Classroom</b>																		
Address <b>27 Ryan Road Shelby OH 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: <b>D.Paullin/J.Eldridge</b>		Business Name: _____																			
Phone Numbers: Home: _____		Contact Person: _____																			
Work: <b>419 342-1100</b> Cell: _____		Phone Number: _____																			
PCTC Requested Services: (Identify No. Needed)		Address: _____																			
<table style="width:100%; border: none;"> <tr> <td style="border: none;"><u>Room Setup</u></td> <td style="border: none;"><u>Electronic</u></td> <td style="border: none;"><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chairs</td> <td style="border: none;"><input type="checkbox"/> Microphone</td> <td style="border: none;"><input type="checkbox"/> Drinks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tables</td> <td style="border: none;"><input type="checkbox"/> Ovrhd. Proj.</td> <td style="border: none;"><input type="checkbox"/> Snacks</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chalkboard</td> <td style="border: none;"><input type="checkbox"/> Video Camera</td> <td style="border: none;"><input type="checkbox"/> Breakfast</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Lectern</td> <td style="border: none;"><input type="checkbox"/> Video Recorder</td> <td style="border: none;"><input type="checkbox"/> Luncheon</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Coat Racks</td> <td style="border: none;"><input type="checkbox"/> Internet Access</td> <td style="border: none;"><input type="checkbox"/> Dinner</td> </tr> </table>	<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<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 one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
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For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input 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

### Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers.

Rental .....	
Custodial Services .....	
Food Services .....	
Other .....	
<b>Total Fee Estimate</b>	

**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	5/30/23	JEL
Billed for Services		
Referred to Board		

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)

Date: 5/24/23

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.

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

Revised 07/15