

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) 6/1/2023-7/26/2023	Setup Time	Tear Down Time	Date Request Submitted May 24, 2023
Activity: Day(s) Monday thru Thursday			
Event Time(s) 4:00PM-9:30PM			Room(s) / Area Requested: W155 & W159 Welding Lab and Classroom
Name of Organization and Event Being Held Adult Education- Welding Technologies		Number of Persons Attending Meeting 12	

Address 27 Ryan Road Shelby OH 44875	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: D. Paullin/J.Eldridge	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: 419 342-1100 Cell: _____	Phone Number: _____
PCTC Requested Services: (Identify No. Needed)	Address: _____
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <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 Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	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	5/30/23	JKE
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)
Julie Eldridge

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!