

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) 9/22/2023	Setup Time	Tear Down Time	Date Request Submitted May 30, 2023
Activity: Day(s) Friday			Room(s) / Area Requested: Arena
Event Time(s) all day			
Name of Organization and Event Being Held In Service	Number of Persons Attending Meeting 150		
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Clay Frye	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 Room Setup <u>Electronic</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input checked="" type="checkbox"/> Chairs <u>Microphone</u> <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. <u>Snacks</u> <input type="checkbox"/> Chalkboard <u>Video Camera</u> <input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lectern <u>Video Recorder</u> <u>Luncheon</u> <input type="checkbox"/> Coat Racks <u>Internet Access</u> <u>Dinner</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <u>No</u>	Other/Specify: <u>tables/chairs for 150, middle screen down for projector use & rail on stage down, lecturn</u> <u>2 tables set up under light switches</u>		
	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	6/20/23	KwK
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)
 Date: 6/15/23

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

Thank you for selecting Pioneer for your event!