

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) 10/13/23, 12/8/23		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Friday		700	230	April 25, 2023
Event Time(s) 8:00am - 2:00pm				Room(s) / Area Requested: Arena
Name of Organization and Event Being Held Blood Drive- American Red Cross		Number of Persons Attending Meeting		
Address 27 Ryan Rd Shelby, OH 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Kerra Hines		Business Name: American Red Cross		
Phone Numbers: Home: _____		Contact Person: Max Miller		
Work: 419 347-7744 Cell: _____		Phone Number: 740-262-9787		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: 700 Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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	\$0.00
Custodial Services	0.00
Food Services	0.00
Other	0.00
Total Fee Estimate	\$0.00

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

A Security Deposit in the amount of **\$ 0.00** is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

Note: Final invoice billing based upon actual costs following the event/activity.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Upon receipt of invoice, please make check payable to:
Pioneer CTC

Action Taken	Date	By
Approved and Booked	5/23/23	KH
Billed for Services		
Referred to Board		

Signature (person in charge of activity)

Date: _____

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

Thank you for selecting Pioneer for your event!