

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) <u>9/5/23-11/9/2023</u>		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) <u>Tuesday/Thursday's</u>				March 10, 2022																					
Event Time(s) <u>5:00-9:00PM</u>		Room(s) / Area Requested:																							
Name of Organization and Event Being Held <u>Adult Education- State Tested Nurse Aide Class</u>		Number of Persons Attending Meeting <u>10</u>		<u>W133 and W135 Medical Technology</u>																					
Address <u>27 Ryan Road Shelby OH 44875</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: <u>D.Paullin/J.White</u>		Business Name: _____																							
Phone Numbers: Home: _____		Contact Person: _____																							
Work: <u>419 342-1100</u> Cell: _____		Phone Number: _____																							
PCTC Requested Services: (Identify No. Needed)		Address: _____																							
<table border="0"> <tr> <td>___ Café</td> <td>OR</td> <td>___ Culinary Arts</td> </tr> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td></td> </tr> <tr> <td>___ Chairs</td> <td>___ Microphone</td> <td>___ Drinks</td> </tr> <tr> <td>___ Tables</td> <td>___ Ovrhd. Proj.</td> <td>___ Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Luncheon</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td>___ Dinner</td> </tr> </table>		___ Café	OR	___ Culinary Arts	<u>Room Setup</u>	<u>Electronic</u>		___ Chairs	___ Microphone	___ Drinks	___ Tables	___ Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Breakfast	___ Lectern	___ Video Recorder	___ Luncheon	___ Coat Racks	___ Internet Access	___ Dinner	If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No		
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For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____																							
___ Yes or ___ No		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>7/26/23</u>	<u>JKK</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.

Julie Edridge
Signature (person in charge of activity)

Date: 7/25/23

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!