

# 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>11/21/2023</b>	Set Up Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Tues</b>	<b>9:00 AM</b>	<b>1:00 PM</b>	<b>September 11, 2023</b>
Event Time(s)			Room(s) / Area Requested: <b>Cafeteria</b>
Name of Organization and Event Being Held <b>Thanksgiving</b>		Number of Persons Attending Meeting <b>student body +</b>	
Address <b>Pioneer</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>Vickie Hunt</b>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: _____ Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> <u>Yes</u> or <input type="checkbox"/> <u>No</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 checked="" type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		Estimated time of arrival at Pioneer for setup/delivery: _____	
For specific room setup, see attached design: (check one) <input type="checkbox"/> <u>Yes</u> or <input checked="" type="checkbox"/> <u>No</u>		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 .....	<b>\$0.00</b>
Custodial Services .....	<b>0.00</b>
Food Services .....	<b>0.00</b>
Other .....	
<b>Total Fee Estimate</b>	<b>\$0.00</b>
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.	
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>	
<b>Action Taken</b>	<b>Date</b>
Approved and Booked	9/14/23
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.**

*V. Hunt*  
Signature (person in charge of activity)

Date: 9/11/2023