

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) 11/29/2023- (Snow Date 12/1/2023)	Set Up Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Wednesday			September 11, 2023
Event Time(s) 7:30- 2:25	7:30 AM	2:25 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held 8th Grade Tours ACE - Nontrad Day	Number of Persons Attending Meeting 10-30	Cafeteria 8:15-10:00 am Community Room	

Address Pioneer	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: Vickie Hunt	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	If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input type="checkbox"/> No)
<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 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"/> Yes or <input checked="" type="checkbox"/> No	Other/Specify: _____
	Date of contact with Cafeteria/Culinary Arts Services if used for this event: TBD

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers	
Rental.....	\$0.00
Custodial Services	0.00
Food Services	0.00
Other	
Total Fee Estimate	\$0.00
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
Approved and Booked	9/12/23
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.

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 of the building utilization areas of the school.

Thank you for selecting Pioneer for your event!