

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) 10/31 and 12/5, 2023		Set Up Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____		2:15	3:30	September 11, 2023
Event Time(s) 2:30-3:30 pm				Room(s) / Area Requested: Community Room
Name of Organization and Event Being Held Pioneer PD -Special Needs		Number of Persons Attending Meeting 10-20		
Address Pioneer		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Shannon Sprang		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <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 type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input type="checkbox"/> No)		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
		Responsibility Notice		
Estimate Calculation of Fees: Attach any pertinent papers		It is understood that our organization assumes full responsibility for any damage to the building and equipment.		
Rental	\$0.00	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.		
Custodial Services	0.00	Any and all information on this form may be shared with the public through our publicly accessed calendar.		
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	By		
Approved and Booked	9/12/23	[Signature]		[Signature]
Billed for Services				Signature (person in charge of activity)
Referred to Board				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!