

Building Utilization Request

Pioneer

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) 10/20/2023		Setup Time 7:00	Tear Down Time 3:00	Date Request Submitted October 5, 2023
Activity: Day(s) 1				Room(s) / Area Requested: Community Room
Event Time(s) 8:00 - 3:00				
Name of Organization and Event Being Held EMIS Coordinator Meeting		Number of Persons Attending Meeting 20		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Dan Burtcher		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42252 Cell: 419 6312147		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café OR <input checked="" type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input checked="" type="checkbox"/> Chalkboard <input checked="" type="checkbox"/> Ovrhd. Proj. <input checked="" type="checkbox"/> Snacks <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Video Camera <input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lectern <input checked="" type="checkbox"/> Video Recorder <input checked="" type="checkbox"/> Luncheon <input checked="" type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access <input checked="" type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) Yes or No		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	10/4/23	[Signature]
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]
Signature (person in charge of activity)
Date: **10/5/23**

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!

Revised 07/15