

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) 14-Oct-23		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) Thursday <i>Saturday</i>				Oct. 5, 2023																					
Event Time(s) 9:00 A.M. - 3:00 P.M.		Room(s) / Area Requested: Med Tech Lab																							
Name of Organization and Event Being Held Phlebotomy Draw Day		Number of Persons Attending Meeting 17																							
Address 27 Ryan Road Shelby, OH 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: Kelsi Kitzmiller		Business Name: _____																							
Phone Numbers: Home: _____		Contact Person: _____																							
Work: 419 347-7744 Cell: _____		Phone Number: _____																							
PCTC Requested Services: (Identify No. Needed)		Address: _____																							
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR</td> </tr> <tr> <td><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Culinary Arts</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td></td> <td></td> <td><u>Dinner</u></td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<u>Chairs</u>	<u>Microphone</u>	<u>Culinary Arts</u>	<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Drinks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Snacks</u>	<u>Lectern</u>	<u>Video Recorder</u>	<u>Breakfast</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Luncheon</u>			<u>Dinner</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery: _____																							
		Other/Specify: <u>Don Pawlton to let them in</u>																							
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																							

Part II - To be completed by PCTC Personnel

Responsibility Notice

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

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.

Brenda Taylor
Signature (person in charge of activity)

Date: 10.5.23

Action Taken	Date	By
Approved and Booked	<i>10/9/23</i>	<i>JKK</i>
Billed for Services		
Referred to Board		

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