

Building Utilization Request

Pioneer

Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) <u>11/1/2023</u> Activity: Day(s) _____ Event Time(s) <u>8:10-8:45</u>	Setup Time	Tear Down Time	Date Request Submitted October 31, 2023																					
Name of Organization and Event Being Held Purple Star student meeting		Number of Persons Attending Meeting 25	Room(s) / Area Requested: Community Room																					
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																						
Contact Person: <u>Tasha Lisle</u>		Business Name: _____																						
Phone Numbers: Home: _____		Contact Person: _____																						
Work: _____ Cell: _____		Phone Number: _____																						
PCTC Requested Services: (Identify No. Needed)		Address: _____																						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><u>Room Setup</u></td> <td style="width:33%;"><u>Electronic</u></td> <td style="width:33%;"><u>Café</u> OR</td> </tr> <tr> <td>___ Chairs</td> <td>___ Microphone</td> <td>___ Culinary Arts</td> </tr> <tr> <td>___ Tables</td> <td>___ Ovrhd. Proj.</td> <td>___ Drinks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Snacks</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td>___ Luncheon</td> </tr> <tr> <td></td> <td></td> <td>___ Dinner</td> </tr> </table>	<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	___ Chairs	___ Microphone	___ Culinary Arts	___ Tables	___ Ovrhd. Proj.	___ Drinks	___ Chalkboard	___ Video Camera	___ Snacks	___ Lectern	___ Video Recorder	___ Breakfast	___ Coat Racks	___ Internet Access	___ Luncheon			___ Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR																						
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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	10/31/23	
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.

Tasha Lisle
Signature (person in charge of activity)

Date: 10/31/23

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

Thank you for selecting Pioneer for your event!