

# 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) <b>12/20/2023 and 12/21/2023</b>	Setup Time	Tear Down Time	Date Request Submitted <b>November 22, 2023</b>																		
Activity: Day(s) <b>Wednesday (Setup) &amp; Thursday</b>																					
Event Time(s) <b>12/21 - noon - 8:00pm</b>	<b>After school</b>		Room(s) / Area Requested: <b>Arena</b>																		
Name of Organization and Event Being Held <b>Adult Education- December Graduation 2023</b>		Number of Persons Attending Meeting <b>Unsure - 100-150</b>																			
Address <b>27 Ryan Road Shelby OH 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: <b>D. Paullin/J. White</b>		Business Name: _____																			
Phone Numbers: Home: _____		Contact Person: _____																			
Work: <b>419 342-1100</b> 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 <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>_____ Drinks</td> </tr> <tr> <td>_____ Tables</td> <td>_____ Ovrhd. Proj.</td> <td>_____ Snacks</td> </tr> <tr> <td>_____ Chalkboard</td> <td>_____ Video Camera</td> <td>_____ Breakfast</td> </tr> <tr> <td>_____ Lectern</td> <td>_____ Video Recorder</td> <td>_____ Luncheon</td> </tr> <tr> <td>_____ Coat Racks</td> <td>_____ Internet Access</td> <td>_____ Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	_____ Drinks	_____ Tables	_____ Ovrhd. Proj.	_____ Snacks	_____ Chalkboard	_____ Video Camera	_____ Breakfast	_____ Lectern	_____ Video Recorder	_____ Luncheon	_____ Coat Racks	_____ Internet Access	_____ 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: _____ _____ _____	
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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

## 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.**

Action Taken	Date	By
Approved and Booked	11/27/23	KWK
Billed for Services		
Referred to Board		



Signature (person in charge of activity)

Date: 11/22/2023

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