

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) 18-Dec-23	Setup Time	Tear Down Time	Date Request Submitted December 11, 2023
Activity: Day(s) Monday			Room(s) / Area Requested: Community Room
Event Time(s) 4:30 pm to 6:00 pm			
Name of Organization and Event Being Held Pioneer - Satellite Meeting for Family Consumer Science Instructors		Number of Persons Attending Meeting 20	

Address 27 Ryan Road	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: Matt Parr	Business Name: Pioneer
Phone Numbers: Home: _____ Work: 419 347-7744 Cell: 419 566-6071	Contact Person: _____ Phone Number: _____
	Address: _____

PCTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No																					
<table border="0"> <tr> <td><u> </u> Room Setup</td> <td><u> </u> Electronic</td> <td><u> </u> Café OR</td> </tr> <tr> <td><u> </u> Culinary Arts</td> <td></td> <td></td> </tr> <tr> <td>20 Chairs</td> <td><u> </u> Microphone</td> <td><u> </u> Drinks</td> </tr> <tr> <td>12 Tables</td> <td><u> </u> Ovrhd. Proj.</td> <td><u> </u> Snacks</td> </tr> <tr> <td><u> </u> Chalkboard</td> <td><u> </u> Video Camera</td> <td><u> </u> Breakfast</td> </tr> <tr> <td><u> </u> Lectern</td> <td><u> </u> Video Recorder</td> <td><u> </u> Luncheon</td> </tr> <tr> <td>X Coat Racks</td> <td><u> </u> Internet Access</td> <td><u> </u> Dinner</td> </tr> </table>	<u> </u> Room Setup	<u> </u> Electronic	<u> </u> Café OR	<u> </u> Culinary Arts			20 Chairs	<u> </u> Microphone	<u> </u> Drinks	12 Tables	<u> </u> Ovrhd. Proj.	<u> </u> Snacks	<u> </u> Chalkboard	<u> </u> Video Camera	<u> </u> Breakfast	<u> </u> Lectern	<u> </u> Video Recorder	<u> </u> Luncheon	X Coat Racks	<u> </u> Internet Access	<u> </u> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____
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For specific room setup, see attached design: (check one) X Yes or <u> </u> No	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																					

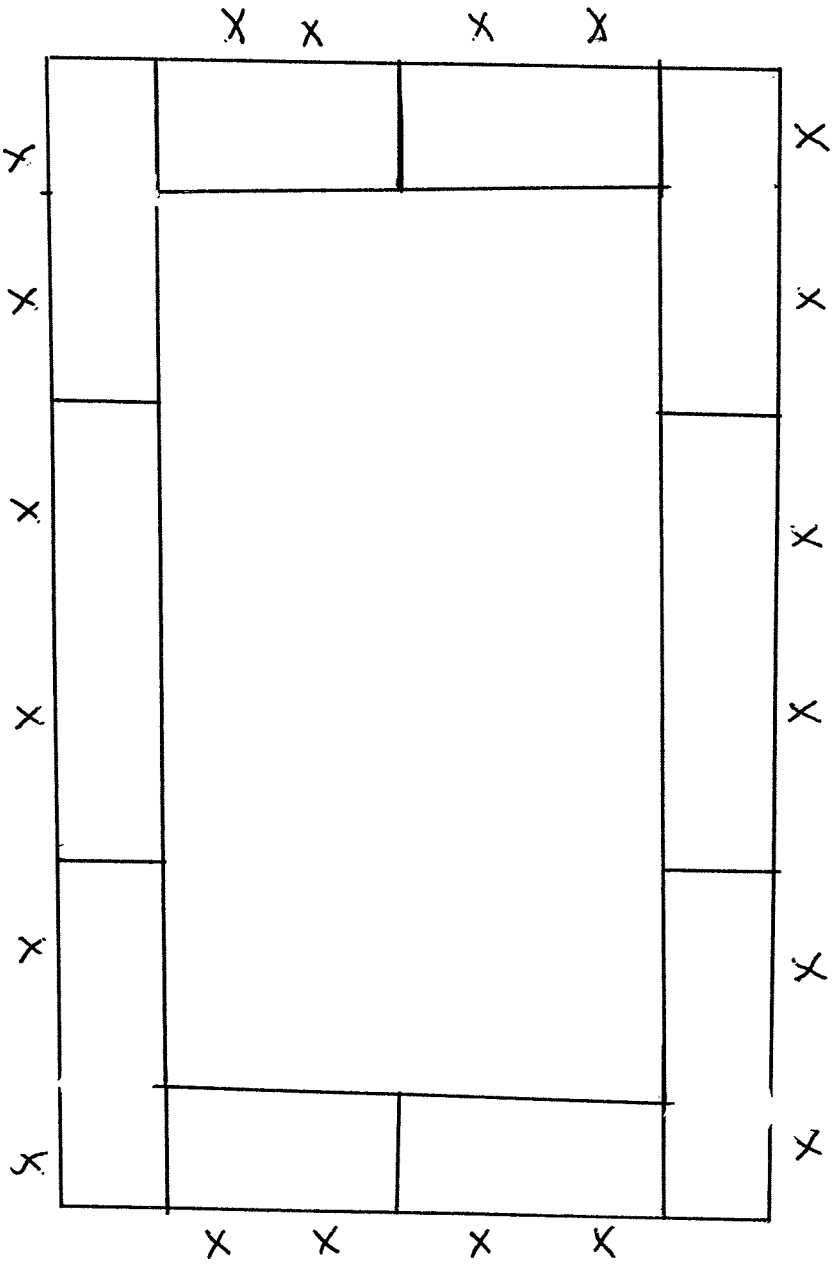
Part II - To be completed by PCTC Personnel

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	<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p>
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Action Taken	Date	By
Approved and Booked	12/11/23	[Signature]
Billed for Services		
Referred to Board		

Signature (person in charge of activity) _____
Date: **12-11-23**

Front



Back

Table

Counter

Table

Cook Rack