

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) <u>8/19/2024</u>		Setup Time	Tear Down Time	Date Request Submitted June 10, 2024																		
Activity: Day(s) <u>Monday</u>				Room(s) / Area Requested: Arena, cafeteria, various classrooms																		
Event Time(s) <u>all day</u>																						
Name of Organization and Event Being Held Returning Teacher Day		Number of Persons Attending Meeting 200																				
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: _____		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work _____ Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td><u> </u> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><u> </u> Microphone</td> <td><u> </u> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> Lectern</td> <td><u> </u> Video Recorder</td> <td><u> </u> Luncheon</td> </tr> <tr> <td><u> </u> Coat Racks</td> <td><u> </u> Internet Access</td> <td><u> </u> Dinner</td> </tr> </table>		Room Setup	Electronic	<u> </u> Café OR	<input checked="" type="checkbox"/> Chairs	<u> </u> Microphone	<u> </u> Culinary Arts	<input checked="" type="checkbox"/> Tables	<u> </u> Ovrhd. Proj.	<u> </u> Snacks	<u> </u> Chalkboard	<u> </u> Video Camera	<u> </u> Breakfast	<input checked="" type="checkbox"/> Lectern	<u> </u> Video Recorder	<u> </u> Luncheon	<u> </u> Coat Racks	<u> </u> Internet Access	<u> </u> Dinner	attached: _____ (check one) <u> </u> Yes or <u> </u> No		
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For specific room setup, see attached design: (check one) <u> </u> Yes or <u> </u> No		Estimated time of arrival at Pioneer for setup/delivery _____ Other/Specify: _____ _____																				
		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.												
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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!