

## **Building Utilization Request**



## Pioneer Career and Technology Center ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Date   Setup Time   Tear Down Time   June 10, 2025   June 10, 2025	Part I - To be completed by organization requesting building utilization							
Event Time(s) 9:00-10:30 am day before 10:45  Name of Organization and Event Being Held April Princpals Meeting  Address  Address  Address  Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name:  Contact Person: Tina Hurst, ext. 42200  Phone Numbers: Home:  Work: Cell: Phone Numbers: Home: Contact Person: Phone Number: Address:  PCTC Requested Services: (Identify No. Needed)  Café OR  Room Setup Electronic Culinary Arts  X Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast X Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner  For specific room setup, see attached design: (check one)  X Yes or No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental	Date(s) 4/2/2025			Se	tup Time	i	Date Request Submitted	
Name of Organization and Event Being Held April Princpals Meeting  Address  Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Business Name:  Contact Person:  Work:  Cell:  POTC Requested Services: (Identify No. Needed)  Café OR Room Setup  Chairs  Microphone  X Tables  Ovrhd. Proj.  Chalkboard  Video Camera  Breakfast  X Lectern  Video Recorder  Luncheon  Coat Racks  Internet Access  Dinner  For specific room setup, see attached design: (check one)  X Yes or  No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers.  Rental  Custodial 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  Besuiness Name:  Contact Persons  Business Name:  Contact Person:  Phone Number:  Address:  Contact Person:  Phone	Activity: Day(s) Wednesday					Time	June 10, 2025	
Address	Event Time(s) 9:00-10:30 am			da	ay before	10:45	Room(s) / Area Requested:	
Address  Contact Person: Tina Hurst, ext. 42200 Phone Numbers: Home: Contact Person: Phone Numbers: Home: Phone Number: Address: Food Services: (Identify No. Needed) Café OR Com Setup Electronic Cultinary Arts X Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast X Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) 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	Name of Organization and Event Being Held				B .		Community Room	
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  Contact Person: Phone Numbers: Work: Cell:  PCTC Requested Services: (Identify No. Needed) Café OR Room Setup Electronic Cultinary Arts X Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast X Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental	April Princpals Meeting				1			
Contact Person: Tina Hurst, ext. 42200 Phone Numbers: Home: Coll: Phone Numbers: Work: Cell: Phone Number: Address:  PCTC Requested Services: (Identify No. Needed)  Room Setup Electronic Culinary Arts  x Chairs Microphone x Drinks  X Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast X Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial 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  Business Name: Contact Person:  Contact Person:  Phone Number: Address:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  If specific hookup/utility needs are required see attached: (check one) Yes or No  Estimated time of arrival at Pioneer for setup/delivery:  If specific hookup/utility needs are required see attached: (check one) Pioneer for	Address							
Phone Numbers: Home:					* * * * * * * * * * * * * * * * * * * *			
Phone Numbers: Home:	Contact Person: Tina Hurst, ext. 42200				Business Name:			
Phone Number:   Address:								
Address:    PCTC Requested Services: (Identify No. Needed)   Cafe OR Room Setup   Electronic   Culinary Arts   X Chairs   Microphone   x Drinks   X Tables   Ovrhd. Proj.   Snacks   Chalkboard   Video Camera   Breakfast   Please Dut tables in "U" shape with podium and Open end at the east end of room   Date of contact with Cafeteria/Culinary Arts Services   If specific hookup/utility needs are required see attached: (check one)   Yes or   No   No   Stimated time of arrival at Pioneer for setup/delivery:   Video Recorder   Luncheon   Coat Racks   Internet Access   Dinner   Please Dut tables in "U" shape with podium and Open end at the east end of room   Date of contact with Cafeteria/Culinary Arts Services   if used for this event:     Part II - To be completed by PCTC Personnel   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.   Address:					Dhana Mumhau			
Room Setup Electronic Culinary Arts X Chairs Microphone X Drinks X Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or No  Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental Sustainate Calculation of Fees: Attach any pertinent papers. Cother Specify: Cafeteria ro provide coffee/water please. One table and chair next to the door. Please put tables in "U" shape with podium and open end at the east end of room Date of contact with Cafeteria/Culinary Arts Services if used for this event:  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.  Upon receipt of invoice, please make check payable to: Pioneer CTC Action Taken Date By	Work.							
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Chalkboard   Video Camera   Breakfast	Room Setup Electronic Culinary Arts			<u>S</u>	Estimated time of arrival at Pioneer for setup/delivery:			
Chalkboard Video Camera Breakfast  x Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one)  x Yes or No  Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	x Chairs N	licrophone _	<b>x</b> Drinks					
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Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one)  X Yes or No  Part II - To be completed by PCTC Personnel  Estimate Calculation of Fees: Attach any pertinent papers. Rental	Chalkboard Video Camera Breakfas		st	please. One table and chair next to the door.				
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Total Fee Estimate   Procession	Coat Racks In	nternet Access	Dinner		open end at the east end of room			
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Rental	Part II - To be completed by PCTC Personnel					Respon	nsibility Notice	
Custodial Services	Estimate Calculation of Fees: Attach any pertinent papers.				responsibility for any damage to the building and			
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  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.	Rental							
Other	Custodial Services							
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Billed for Services  Referred to Board  Date:					Date:	-0 (P.A.)	····· <i>Q</i> - · ··· · · · · <i>y</i> /	

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!