

Building Utilization Request



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) 10/2/2024, 1/22/2025, 3/19/2025		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____		8:30	10:30	July 25, 2024
Event Time(s) _____				Room(s) / Area Requested: Pioneer Room
Name of Organization and Event Being Held Partner School Counselor Meeting		Number of Persons Attending Meeting 25		
Address 27 Ryan Road		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Dan Burtscher		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42252 Cell: -631-2 _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks	<input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input type="checkbox"/> Video Recorder <input type="checkbox"/> Internet Access	<input checked="" type="checkbox"/> <u>Drinks</u> <input type="checkbox"/> Snacks <input checked="" type="checkbox"/> <u>Breakfast</u> <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Other/Specify: _____		
		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			Responsibility Notice											
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.											
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>7/29/24</td> <td>[Signature]</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	7/29/24	[Signature]	Billed for Services			Referred to Board			Signature (person in charge of activity) Date: 7/25/24	
Action Taken	Date	By												
Approved and Booked	7/29/24	[Signature]												
Billed for Services														
Referred to Board														