

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>9/5/24</u> <u>9/4/24</u>		Setup Time 7:30 AM	Tear Down Time 11:00 AM	Date Request Submitted August 9, 2024
Activity: Day(s) <u>Thursday</u> <u>Wednesday</u>				Room(s) / Area Requested: community room
Event Time(s) 9:00-10:00 AM				
Name of Organization and Event Being Held Fall Career Coach Meeting		Number of Persons Attending Meeting 20		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Karrie Davisson</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera <input checked="" type="checkbox"/> Breakfast _____ Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks <input checked="" type="checkbox"/> Internet Access _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <input checked="" type="checkbox"/> <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <input checked="" type="checkbox"/> <u>No</u>		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			<p align="center">Responsibility Notice</p> <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> <p align="center"><i>Karrie Davisson</i> _____ Signature (person in charge of activity) Date: <u>8/19/24</u></p>
Action Taken	Date	By	
Approved and Booked			
Billed for Services			
Referred to Board			

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!