

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) 21-Sep-24 Activity: Day(s) 1 Event Time(s) 9am-1pm	Setup Time 8:30am	Tear Down Time 1:00pm	Date Request Submitted September 10, 2024
Name of Organization and Event Being Held Forklift Training		Number of Persons Attending Meeting 10	Room(s) / Area Requested: Community Room and Arena
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Don Paullin Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____	
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) Yes or No	
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts	
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast	
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon	
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____	
<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

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.



 Signature (person in charge of activity)

Date: 9/10/24

Action Taken	Date	By
Approved and Booked	9/11/24	KWC
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!