

Everyone
8/29/24/20

[Handwritten signature]

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) 9/25/2024	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) wednesday	7:00a	2:30p	August 26, 2024
Event Time(s) 7:00a-2:30p			Room(s) / Area Requested:
Name of Organization and Event Being Held Fall preschool and childcare picture day		Number of Persons Attending Meeting approx 50	Comm. Room <i>Library Back Room Jan K 9/23/24</i>
Address 27 ryan rd		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Lexi Dye		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: ext 42600 Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrd. 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		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		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 following the event/activity

Upon receipt of _____

Act _____

Approved _____

Billed for \$ _____

Referred to _____

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.

_____ and all information on this form may be shared with the public through our publicly accessed calendar.

Signature (person in charge of activity) _____

It is the policy of Pioneer Career and Technology Center that these funds for building utilization are to be used for the benefit of the community.

Thank you for selecting Pioneer for your event!

Revised 07/15

Please note that this has been changed to LIBRARY on 9/25/24. PLEASE MAKE SURE DOOR IS OPEN BY 7:00 AM.

Building Utilization Request



Pioneer Career and Technology Centre

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

<p>Date(s) <u>9/5/2024</u> <u>9/25/24</u> <i>(Handwritten)</i></p> <p>Activity: Day(s) <u>Wednesday</u></p> <p>Event Time(s) <u>8:30 AM</u></p>	<p>Setup Time</p> <p>8:00</p>	<p>Tear Down Time</p> <p>11:00</p>	<p>Date Request Submitted</p> <p>September 23, 2024</p> <p>Room(s) / Area Requested:</p> <p>Community Room</p>																		
<p>Name of Organization and Event Being Held</p> <p>Strategic Planning Meeting</p>		<p>Number of Persons Attending Meeting</p> <p>24</p>																			
<p>Address</p>		<p>Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)</p>																			
<p>Contact Person: _____</p> <p>Phone Numbers: Home: _____</p> <p>Work: _____ Cell: _____</p>		<p>Business Name: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p> <p>Address: _____</p>																			
<p>PCTC Requested Services: (Identify No. Needed)</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Café OR</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><u>Room Setup</u></td> <td style="width:33%;"><u>Electronic</u></td> <td style="width:33%;"><u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input checked="" type="checkbox"/> Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input checked="" type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Dinner</td> </tr> </table> <p>For specific room setup, see attached design: (check one)</p> <p><input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No</p>		<u>Room Setup</u>	<u>Electronic</u>	<u>Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Drinks	<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input checked="" 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	<p>If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: <u>Tables in "U" shape facing the white board, please. Chairs for 24 people.</u></p> <p style="color: blue; font-size: 2em;">↑</p> <p>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>	
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Part II - To be completed by PCTC Personnel

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental</p> <p>Custodial Services</p> <p>Food Services</p> <p>Other</p> <p style="text-align: right;">Total Fee Estimate</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p>	<h3 style="text-align: center;">Responsibility Notice</h3> <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 style="text-align: center;"><i>(Handwritten Signature)</i></p> <p style="text-align: center;">Signature (person in charge of activity)</p> <p>Date: <u>9/23/24</u></p>												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Action Taken</th> <th style="width:20%;">Date</th> <th style="width:40%;">By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td><u>9/23/24</u></td> <td><i>(Handwritten Signature)</i></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	<u>9/23/24</u>	<i>(Handwritten Signature)</i>	Billed for Services			Referred to Board			
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