

# 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) <b>10/15/2024</b>   | Setup Time                               | Tear Down Time  | Date Request Submitted    |
| Activity: Day(s) <b>Tuesday</b>   | <b>n/a</b>                               | <b>n/a</b>  | <b>October 11, 2024</b>   |
| Event Time(s) <b>8:30am - 12:30pm</b>   |  |   | Room(s) / Area Requested: |
| Name of Organization and Event Being Held<br><b>Pre-Exam (WorkKeys) for the LPN Program</b> |  | Number of Persons Attending Meeting<br><b>20</b>  | <b>C-109</b>              |
| Address <b>27 Ryan Road Shelby OH 44875</b>   |  | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)         |                           |
| Contact Person: <b>D. Paullin/J. White</b>  |  | Business Name: _____  |                           |
| Phone Numbers: Home: _____  |  | Contact Person: _____   |                           |
| Work: <b>419 342-1100</b> Cell: _____   |  | Phone Number: _____   |                           |
| PCTC Requested Services: (Identify No. Needed)  |  | Address: _____  |                           |
| <u>Room Setup</u>   | <u>Electronic</u>                        | <u>Café</u> OR  |                           |
| <input checked="" type="checkbox"/> Chairs  | <input type="checkbox"/> Microphone      | <input type="checkbox"/> Culinary Arts  |                           |
| <input checked="" type="checkbox"/> Tables  | <input type="checkbox"/> Ovrhd. Proj.    | <input type="checkbox"/> Drinks   |                           |
| <input type="checkbox"/> Chalkboard   | <input type="checkbox"/> Video Camera    | <input type="checkbox"/> Snacks   |                           |
| <input type="checkbox"/> Lectern  | <input type="checkbox"/> Video Recorder  | <input type="checkbox"/> Breakfast  |                           |
| <input type="checkbox"/> Coat Racks   | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Luncheon   |                           |
| <input type="checkbox"/> Dinner   |  |   |                           |
| For specific room setup, see attached design: (check one)                                   |  | If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> |                           |
| <input type="checkbox"/> Yes or <input type="checkbox"/> No                                 |  | Estimated time of arrival at Pioneer for setup/delivery: _____                                  |                           |
|   |  | 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**

| <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;"><b>Total Fee Estimate</b> _____</p> <p><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to:<br/><b>Pioneer CTC</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>10/11/24</td> <td>JW</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 | 10/11/24 | JW | Billed for Services |  |  | Referred to Board |  |  | <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><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b></p> <p style="text-align:center;"><i>J. White</i><br/>Signature (person in charge of activity)</p> <p>Date: 10/11/24</p> |
|---|--------------|------|----|---------------------|----------|----|---------------------|--|--|-------------------|--|--|--|
| Action Taken  | Date         | By   |    |                     |          |    |                     |  |  |                   |  |  |  |
| Approved and Booked   | 10/11/24     | JW   |    |                     |          |    |                     |  |  |                   |  |  |  |
| Billed for Services   |              |      |    |                     |          |    |                     |  |  |                   |  |  |  |
| Referred to Board   |              |      |    |                     |          |    |                     |  |  |                   |  |  |  |