

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) 10/16/2024 | Setup Time | Tear Down Time | Date Request Submitted |
| Activity: Day(s) Wednesday | | | October 11, 2024 |
| Event Time(s) 3:30pm - 7:30pm | n/a | n/a | Room(s) / Area Requested: |
| Name of Organization and Event Being Held Pre-Exam (WorkKeys) for the LPN Program | Number of Persons Attending Meeting 20 | | C-109 |
| Address 27 Ryan Road Shelby OH 44875 | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: D. Paullin/J. White | Business Name: _____ | | |
| Phone Numbers: Home: _____ | Contact Person: _____ | | |
| Work: 419 342-1100 Cell: _____ | Phone Number: _____ | | |
| | Address: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> | | |
| <u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> | Estimated time of arrival at Pioneer for setup/delivery: _____ | | |
| <input checked="" type="checkbox"/> Chairs ___ Microphone ___ Drinks | Other/Specify: _____ | | |
| <input checked="" type="checkbox"/> Tables ___ Ovrhd. Proj. ___ Snacks | _____ | | |
| ___ Chalkboard ___ Video Camera ___ Breakfast | _____ | | |
| ___ Lectern ___ Video Recorder ___ Luncheon | _____ | | |
| ___ Coat Racks ___ Internet Access ___ Dinner | _____ | | |
| For specific room setup, see attached design: (check one) | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ | | |
| <u>Yes</u> or <u>No</u> | | | |

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

| Action Taken | Date | By |
|---------------------|----------|-------|
| Approved and Booked | 10/11/24 | JW/TC |
| Billed for Services | | |
| Referred to Board | | |

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.

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

Signature (person in charge of activity): [Signature]

Date: 10/11/24

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!