

Building Utilization Request



Pioneer Career and Technology Center

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

Part I - To be completed by organization requesting building utilization

Date(s) 10/24/2024		Setup Time 12:45	Tear Down Time 1:45	Date Request Submitted October 16, 2024																		
Activity: Day(s) Thursday				Room(s) / Area Requested: Community Room																		
Event Time(s) 12:45 - 1:45																						
Name of Organization and Event Being Held CyberPatriot Students and Mr. Fagan		Number of Persons Attending Meeting 19																				
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: Fritz Fagan		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: _____ Cell: 419 571-9543		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td>___ Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td>___ Microphone</td> <td>___ Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td>___ Ovrhd. Proj.</td> <td>___ Snacks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Luncheon</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td>___ Dinner</td> </tr> </table>		Room Setup	Electronic	___ Café OR	<input checked="" type="checkbox"/> Chairs	___ Microphone	___ Culinary Arts	<input checked="" type="checkbox"/> Tables	___ Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Breakfast	___ Lectern	___ Video Recorder	___ Luncheon	___ Coat Racks	___ Internet Access	___ Dinner	If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
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<input checked="" type="checkbox"/> Chairs	___ Microphone	___ Culinary Arts																				
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For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or ___ 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 costs following the event/activity.

Upon receipt of invoice, please make check payable to:
Pioneer CTC

Action Taken	Date	By
Approved and Booked	10/14/24	Fritz
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.

Fritz Fagan
Signature (person in charge of activity)

Date: 10/16/2024

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!