

# Building Utilization Request



# Pioneer Career and Technology Center

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

## Part I - To be completed by organization requesting building utilization

|  |                           |   |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
|--|---------------------------|---|----------------|---------------------------|--|----------------------|---|--|------------------------|------------------|----------------------|------------------------|---------------------|-------------------|--------------------------|--|----------------------|---------------------------|------------------|---|--|--|
| Date(s) <b>11/13/2024</b>  |                           | Setup Time  | Tear Down Time | Date Request Submitted    |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| Activity: Day(s) <b>1</b>  |                           |   |                | <b>October 18, 2024</b>   |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| Event Time(s) <b>11:00 - 11:45</b>   |                           | <b>10:45</b>  | <b>12:00</b>   | Room(s) / Area Requested: |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| Name of Organization and Event Being Held<br><b>Live &amp; Learn</b>   |                           | Number of Persons Attending Meeting<br><b>20</b>  |                | <b>Pioneer Room</b>       |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| Address<br><b>27 Ryan Rd.</b>  |                           | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| Contact Person: <b>Morgan Schumacher</b>   |                           | Business Name: _____  |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| Phone Numbers: Home: _____   |                           | Contact Person: _____   |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| Work: <b>419 347-7744</b> Cell: _____  |                           | Phone Number: _____   |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| PCTC Requested Services: (Identify No. Needed)   |                           | Address: _____  |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| <table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td><u>  </u> Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><u>  </u> Microphone</td> <td><input checked="" type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><u>  </u> Ovrhd. Proj.</td> <td><u>  </u> Snacks</td> </tr> <tr> <td><u>  </u> Chalkboard</td> <td><u>  </u> Video Camera</td> <td><u>  </u> Breakfast</td> </tr> <tr> <td><u>  </u> Lectern</td> <td><u>  </u> Video Recorder</td> <td><input checked="" type="checkbox"/> Luncheon</td> </tr> <tr> <td><u>  </u> Coat Racks</td> <td><u>  </u> Internet Access</td> <td><u>  </u> Dinner</td> </tr> </table> |                           | Room Setup  | Electronic     | <u>  </u> Café OR         | <input checked="" type="checkbox"/> Chairs | <u>  </u> Microphone | <input checked="" type="checkbox"/> Culinary Arts | <input checked="" type="checkbox"/> Tables | <u>  </u> Ovrhd. Proj. | <u>  </u> Snacks | <u>  </u> Chalkboard | <u>  </u> Video Camera | <u>  </u> Breakfast | <u>  </u> Lectern | <u>  </u> Video Recorder | <input checked="" type="checkbox"/> Luncheon | <u>  </u> Coat Racks | <u>  </u> Internet Access | <u>  </u> Dinner | If specific hookup/utility needs are required see attached: (check one) <u>  </u> Yes or <u>  </u> No |  |  |
| Room Setup   | Electronic                | <u>  </u> Café OR   |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| <input checked="" type="checkbox"/> Chairs   | <u>  </u> Microphone      | <input checked="" type="checkbox"/> Culinary Arts                                       |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| <input checked="" type="checkbox"/> Tables   | <u>  </u> Ovrhd. Proj.    | <u>  </u> Snacks  |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| <u>  </u> Chalkboard   | <u>  </u> Video Camera    | <u>  </u> Breakfast   |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| <u>  </u> Lectern  | <u>  </u> Video Recorder  | <input checked="" type="checkbox"/> Luncheon  |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| <u>  </u> Coat Racks   | <u>  </u> Internet Access | <u>  </u> Dinner  |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| For specific room setup, see attached design: (check one)  |                           | Estimated time of arrival at Pioneer for setup/delivery: _____                          |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
| <u>  </u> Yes or <u>  </u> No  |                           | Other/Specify: _____  |                |                           |  |                      |   |  |                        |                  |                      |                        |                     |                   |                          |  |                      |                           |                  |   |  |  |
|  |                           | 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.<br>Rental .....<br>Custodial Services .....<br>Food Services .....<br>Other .....<br><b>Total Fee Estimate</b> .....<br><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.<br>Upon receipt of invoice, please make check payable to:<br><b>Pioneer CTC</b> |                 |                    | <b>Responsibility Notice</b><br>It is understood that our organization assumes full responsibility for any damage to the building and equipment.<br>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.<br><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b> |  |  |
| <b>Action Taken</b>   | <b>Date</b>     | <b>By</b>          | Morgan Schumacher<br>_____<br>Signature (person in charge of activity)<br>Date: <u>10/18/2024</u>  |  |  |
| Approved and Booked   | <u>10/18/24</u> | <u>[Signature]</u> |  |  |  |
| 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

Thank you for selecting Pioneer for your event!