

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) <u>11/19/2023 2024</u> | | Setup Time | Tear Down Time | Date Request Submitted |
| Activity: Day(s) <u>1</u> | | | | <u>October 23, 2024</u> |
| Event Time(s) <u>8:00 - 11:00</u> | | <u>8:00</u> | <u>11:00</u> | Room(s) / Area Requested: |
| Name of Organization and Event Being Held North Central State College Application Support | | Number of Persons Attending Meeting 25 | | DLTC |
| Address 27 Ryan Rd. | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: <u>Morgan Schumacher</u> | | Business Name: _____ | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | |
| Work: <u>419 347-7744</u> Cell: _____ | | Phone Number: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | | |
| <input type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Culinary Arts</u> <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. 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 checked="" 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 | | |
| For specific room setup, see attached design: (check one) <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**

| | |
|--|--|
| 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: <p style="text-align: center;">Pioneer CTC</p> | 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. |
|--|--|

| Action Taken | Date | By |
|---------------------|-----------------|-------------|
| Approved and Booked | <u>10/24/24</u> | <u>MS/C</u> |
| Billed for Services | | |
| Referred to Board | | |

Morgan Schumacher
Signature (person in charge of activity)
Date: 10/23/2024

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!**