

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) 11/7/2024		Setup Time	Tear Down Time	Date Request Submitted October 25, 2024
Activity: Day(s) Thursday				Room(s) / Area Requested: DLTC
Event Time(s) 8 a.m. - 11 a.m.		Name of Organization Student Services College Credit Plus meeting		Number of Persons Attending Meeting 50
Address PCTC		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Crystal Escalera		Business Name: _____		
Phone Numbers: Home: 567 224-0700		Contact Person: _____		
Work: 419 347-7744 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>X No</u>		
50 Chairs	1 Microphone	Estimated time of arrival at Pioneer for setup/delivery: _____		
_____ Tables	_____ Ovrhd. Proj.	Other/Specify: _____		
_____ Chalkboard	_____ Video Camera	_____		
_____ Lectern	_____ Video Recorder	_____		
_____ Coat Racks	_____ Internet Access	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
For specific room setup, see attached design: (check one)				
<u>Yes</u> or <u>X 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	10/28/24	[Signature]
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.

Signature (person in charge of activity)

Date: **Crystal Escalera 10-25-24**

Thank you for selecting Pioneer for your event!

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.