

# 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) <b>12/10/2024</b>		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) <b>Tuesday</b>				<b>October 31, 2024</b>																					
Event Time(s) <b>5:00 - 8:00 PM</b>				Room(s) / Area Requested:																					
Name of Organization and Event Being Held <b>Cafeteria Staff - Christmas Party</b>		Number of Persons Attending Meeting <b>14</b>		<b>Pioneer Room</b>																					
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: <b>Jason Fortman</b>		Business Name: _____																							
Phone Numbers: Home: _____		Contact Person: _____																							
Work: <b>42451</b> Cell: _____		Phone Number: _____																							
PCTC Requested Services: (Identify No. Needed)		Address: _____																							
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR</td> </tr> <tr> <td><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Culinary Arts</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td></td> <td></td> <td><u>Dinner</u></td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<u>Chairs</u>	<u>Microphone</u>	<u>Culinary Arts</u>	<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Drinks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Snacks</u>	<u>Lectern</u>	<u>Video Recorder</u>	<u>Breakfast</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Luncheon</u>			<u>Dinner</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____		
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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 ..... <b>Total Fee Estimate</b> ..... Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>	<p align="center"><b>Responsibility Notice</b></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.  <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>
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Action Taken	Date	By
Approved and Booked	11/14/24	Krk
Billed for Services		
Referred to Board		

Signature (person in charge of activity)  
  
 Date: **10-31-2024**