

# 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) <b>12/7/2024</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>1</b>			<b>November 8, 2024</b>
Event Time(s) <b>9am-1pm</b>	<b>8am</b>	<b>2pm</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Forklift Training</b>	Number of Persons Attending Meeting <b>12</b>	<b>Community Room/Arena</b>	
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Don Paullin</b>	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: _____ Cell: _____	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)	Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input type="checkbox"/> Room Setup	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chairs	Other/Specify: _____		
<input type="checkbox"/> Tables	_____		
<input type="checkbox"/> Chalkboard	_____		
<input type="checkbox"/> Lectern	_____		
<input type="checkbox"/> Coat Racks	_____		
For specific room setup, see attached design: (check one)	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Yes or <input type="checkbox"/> No			

## 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:  
**Pioneer CTC**

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	11/8/24	Don Paull
Billed for Services		
Referred to Board		

Signature (person in charge of activity)  
*Don Paull*

Date: 11/8/24

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!**