

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) <u>2/20/2025- (Snow Date 2/21)</u>	Set Up Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____	7:30 AM	2:25 AM	November 6, 2024
Event Time(s) <u>7:30 - 2:25</u>			Room(s) / Area Requested: Community Room
Name of Organization and Event Being Held Alternate Career Exploration Event		Number of Persons Attending Meeting 10-45	

Address **Pioneer**

Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)

Contact Person: Vickie Hunt

Phone Numbers: Home: _____ Work: _____ Cell: _____

Business Name: _____
Contact Person: _____
Phone Number: _____

PCTC Requested Services: (Identify No. Needed)

<input type="checkbox"/> <u>Room Setup</u>	<input type="checkbox"/> <u>Electronic</u>	<input type="checkbox"/> <u>Café</u> OR
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> <u>Culinary Arts</u>
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Drinks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Snacks
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input checked="" type="checkbox"/> Luncheon
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Breakfast
		<input type="checkbox"/> Dinner

For specific room setup, see attached design: (check one)
 Yes or No

If specific hookup/utility needs are required see attached: (check Yes or 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: Not yet

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers	
Rental	\$0.00
Custodial Services	0.00
Food Services	0.00
Other	
Total Fee Estimate	\$0.00

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	11/8/24	Vickie
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.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Signature (person in charge of activity)
Date: 11-6-24

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!