

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>5/21 & 5/22</u> | | Setup Time | Tear Down Time | Date Request Submitted |
| Activity: Day(s) <u>Wednesday & Thursday</u> | | | | December 6, 2024 |
| Event Time(s) <u>9/10am & 1230/130pm</u> | | | | Room(s) / Area Requested: Arena |
| Name of Organization and Event Being Held Preschool Graduation practice | | Number of Persons Attending Meeting approx. 40 | | |
| Address <u>27 Ryan Rd</u> | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: <u>Lexi Dye</u> | | Business Name: _____ | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | |
| Work: <u>ext 42600</u> Cell: _____ | | Phone Number: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | | |
| <u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs _____ Microphone _____ Drinks <input checked="" type="checkbox"/> Tables _____ Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast _____ Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks _____ Internet Access _____ Dinner | | 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: _____ _____ _____ | | |
| For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No | | 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:
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.

Signature (person in charge of activity) _____

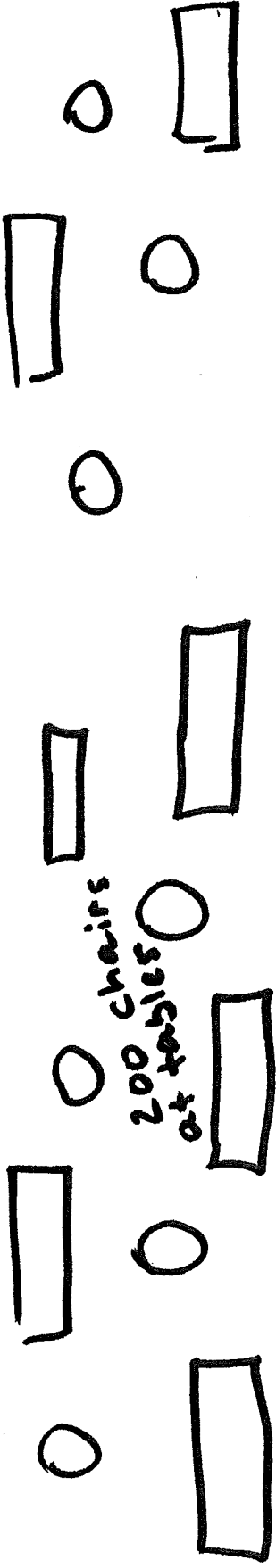
Date: _____

| Action Taken | Date | By |
|---------------------|-----------------|------------|
| Approved and Booked | <u>12/19/24</u> | <u>RLK</u> |
| Billed for Services | | |
| Referred to Board | | |

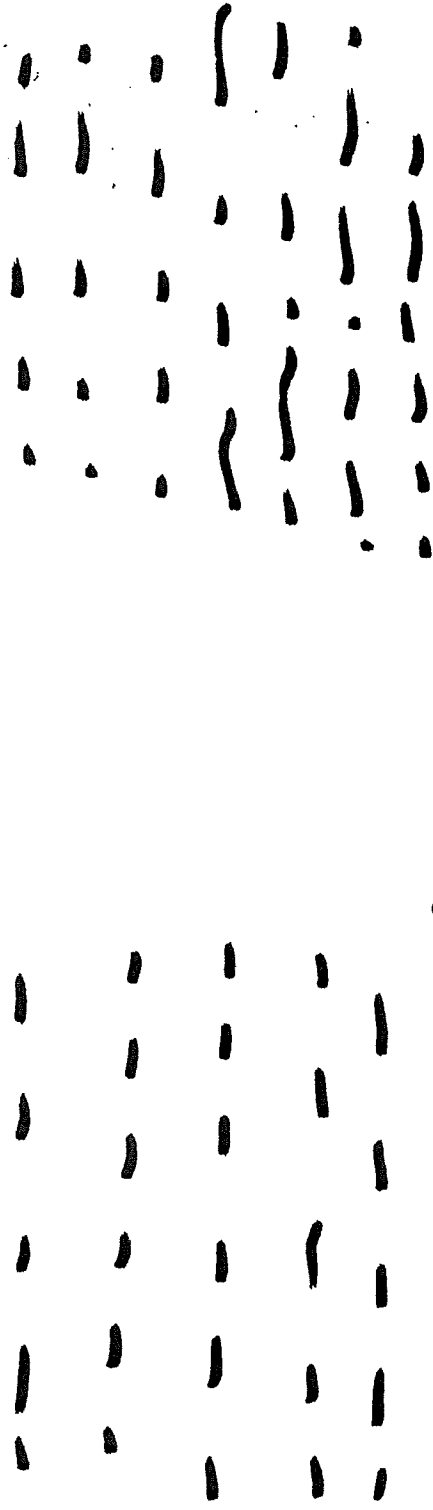
It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

Thank you for selecting Pioneer for your event!

Buttlet | Buttlet | Buttlet



- 4.00 chairs
- 5 round table
- 27 rectangle table
- 3 rectangle table for culinary



200 chairs here

Stage