



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>1/7/2025</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Tuesday</u>			January 2, 2025
Event Time(s) <u>5:00 - 7:00</u>	<u>n/a</u>	<u>n/a</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held Welding class orientation - Adult Ed	Number of Persons Attending Meeting 17		C-109
Address 27 Ryan Road Shelby OH 44875	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>D. Paullin/J. White</u>	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: <u>419 342-1100</u> Cell: _____	Phone Number: _____		
	Address: _____		
PCTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Chairs <u>Microphone</u> <u>Drinks</u>	Other/Specify: _____		
<input checked="" type="checkbox"/> Tables <u>Ovrhd. Proj.</u> <u>Snacks</u>	_____		
<u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u>	_____		
<u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u>	_____		
<u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>	_____		
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 _____

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	<u>1/6/25</u>	<u>WJ</u>
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): [Signature]

Date: 1/2/25

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!