

# 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>1/14/2025 - 2/11/2025</b> Activity: Day(s) <b>Tuesdays &amp; Thursdays</b> Event Time(s) <b>5:00-9:00pm</b>	Setup Time <b>n/a</b>	Tear Down Time <b>n/a</b>	Date Request Submitted <b>January 2, 2025</b> Room(s) / Area Requested: <b>W129</b>
Name of Organization and Event Being Held <b>STNA classes - Adult Ed</b>		Number of Persons Attending Meeting <b>16</b>	
Address <b>27 Ryan Road Shelby OH 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>D. Paullin/J. White</b> Phone Numbers: Home: _____ Work: <b>419 342-1100</b> Cell: _____		Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____	
PCTC Requested Services: (Identify No. Needed) Room Setup <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 For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes    or <input type="checkbox"/> No		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: _____ _____ _____ 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 ..... _____ <p style="text-align: center;"><b>Total Fee Estimate</b> _____</p> <p><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>1/6/25</td> <td>JW</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	1/6/25	JW	Billed for Services			Referred to Board			<p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b></p> <p style="text-align: center;">           _____          Signature (person in charge of activity)       </p> <p>Date: <u>1/2/25</u></p>
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Approved and Booked	1/6/25	JW											
Billed for Services													
Referred to Board													