

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) January 14, 2025	All day	Set up	Date Request Submitted
Activity: Day(s) Tuesday			1/3/2025
Event Time(s) 4:30 to 7:30 pm	No		Room(s) / Area Requested:
Name of Organization and Event Being Held Cardboard Boat Regatta and Robotics Competitions			Number of Persons Attending Meeting 20
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Matt Parr	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: _____ Cell: 419 566-6071	Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)	Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u>	If specific hookup/utility needs are required see attached: (check <u>Yes</u> or <u>No</u>)		
<input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks	Other/Specify: _____		
<input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast	_____		
<input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon	_____		
<input checked="" type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Dinner	_____		
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 checked="" type="checkbox"/> No			

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers		Responsibility Notice	
Rental	\$0.00	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.	
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.		Any and all information on this form may be shared with the public through our publicly accessed calendar.	
Upon receipt of invoice, please make check payable to:			
Pioneer CTC			
Action Taken	Date	By	Signature (person in charge of activity) Date: 11-22-24
<i>OK</i>	<i>1/4/25</i>	<i>hmc</i>	

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!