

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>5/22/2025</u> <u>5/21/2026</u> | Setup Time | Tear Down Time | Date Request Submitted | | | | | | | | | | | | | | | | | | |
| Activity: Day(s) <u>Thursday</u> | | | <u>January 7, 2025</u> | | | | | | | | | | | | | | | | | | |
| Event Time(s) <u>5:30 - 8:00pm</u> | <u>10:00am</u> | <u>After</u> | Room(s) / Area Requested: | | | | | | | | | | | | | | | | | | |
| Name of Organization and Event Being Held <u>Adult Education Spring Graduation</u> | | Number of Persons Attending Meeting <u>400-500</u> | <u>Arena and DLTC</u> | | | | | | | | | | | | | | | | | | |
| Address <u>27 Ryan Road Shelby OH 44875</u> | | 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</u> <u>342-1100</u> Cell: _____ | | Phone Number: _____ | | | | | | | | | | | | | | | | | | | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>_____ Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td>_____ Ovrhd. Proj.</td> <td>_____ Snacks</td> </tr> <tr> <td>_____ Chalkboard</td> <td>_____ Video Camera</td> <td>_____ Breakfast</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td>_____ Video Recorder</td> <td>_____ Luncheon</td> </tr> <tr> <td>_____ Coat Racks</td> <td>_____ Internet Access</td> <td>_____ Dinner</td> </tr> </table> | | <u>Room Setup</u> | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | <input checked="" type="checkbox"/> Chairs | <input checked="" type="checkbox"/> Microphone | _____ Drinks | <input checked="" type="checkbox"/> Tables | _____ Ovrhd. Proj. | _____ Snacks | _____ Chalkboard | _____ Video Camera | _____ Breakfast | <input checked="" type="checkbox"/> 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: _____ _____ _____ | |
| <u>Room Setup</u> | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Chairs | <input checked="" type="checkbox"/> Microphone | _____ Drinks | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Tables | _____ Ovrhd. Proj. | _____ Snacks | | | | | | | | | | | | | | | | | | | |
| _____ Chalkboard | _____ Video Camera | _____ Breakfast | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Lectern | _____ Video Recorder | _____ Luncheon | | | | | | | | | | | | | | | | | | | |
| _____ Coat Racks | _____ Internet Access | _____ Dinner | | | | | | | | | | | | | | | | | | | |
| For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u> | | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ | | | | | | | | | | | | | | | | | | | |

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>1/9/25</u> | <u>[Signature]</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]
Signature (person in charge of activity)

Date: 1/7/25

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!