

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) <u>May 2nd, 5th & 6th 2025</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Friday, Monday & Tues.</u>		<u>May 2nd</u>	<u>May 6th</u>	<u>1-17-25</u>
Event Time(s) <u>9:00 am to 1:00 pm</u>		<u>All Day</u>	<u>After 2pm</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held <u>Pioneer Engineering Comp.</u>			Number of Persons Attending Meeting <u>85</u>	<u>Arena</u>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Matt Parr</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: <u>419 566-6071</u>		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>See Map.</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input checked="" type="checkbox"/> Room Setup	<input checked="" type="checkbox"/> Electronic	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Chairs <u>152</u>	<input checked="" type="checkbox"/> Microphone	Other/Specify: _____		
<input checked="" type="checkbox"/> Tables <u>7</u>	<input checked="" type="checkbox"/> Ovrhd. Proj.	_____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	_____		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	_____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No				

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.

Action Taken	Date	By
Approved and Booked	<u>1/17/25</u>	<u>Kwik</u>
Billed for Services		
Referred to Board		

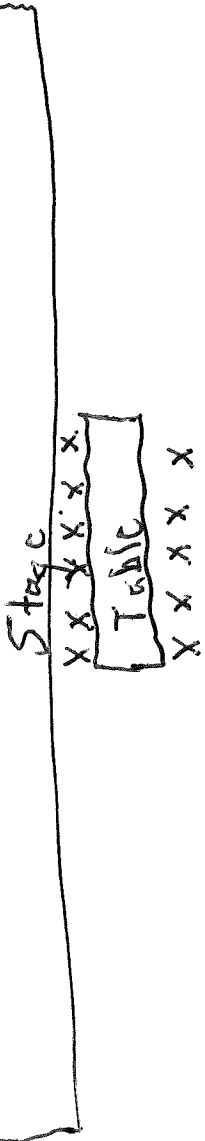
Matthew R. Parr
Signature (person in charge of activity)

Date: 1-17-25

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Rippel & Students

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