

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>1/31/2025</u>	Setup Time <u>10:15</u>	Tear Down Time <u>12:30</u>	Date Request Submitted <u>1/23/25</u>
Activity: Day(s) <u>1</u>			Room(s) / Area Requested: <u>DLTC</u>
Event Time(s) <u>10:35 - 12:30</u>			

Name of Organization and Event Being Held <u>Marion Tech. College</u>	Number of Persons Attending Meeting <u>DLTC</u>
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Address _____
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) _____

Contact Person: M. Schumacher
Business Name: _____
Phone Numbers: Home: _____ Contact Person: _____
Work: 419 347-7744 Cell: _____ Phone Number: _____
Address: _____

PCTC Requested Services: (Identify No. Needed)

<input type="checkbox"/> <u>Room Setup</u>	<input type="checkbox"/> <u>Electronic</u>	<input type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<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 type="checkbox"/> Coat Racks	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner

If specific hookup/utility needs are required see attached: (check one) Yes or No
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

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental</p> <p>Custodial Services</p> <p>Food Services</p> <p>Other</p> <p>Total Fee Estimate <u>0</u></p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p>	<h3>Responsibility Notice</h3> <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>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p>
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Action Taken	Date	By
Approved and Booked	<u>1/27/25</u>	<u>KWK</u>
Billed for Services		
Referred to Board		

Signature (person in charge of activity) Morgan Schumacher
Date: 1/23/25