

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) 4/23/2025 <u>4/3/25</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Thursday</u>				<u>January 24, 2025</u>
Event Time(s)		<u>14:30</u>	<u>20:30</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held <u>Meat and Animal Science</u>		Number of Persons Attending Meeting <u>50-60</u>		<u>E103,E102,DLTC,C114</u>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Phillip Johnson</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>42772</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" type="checkbox"/> 2 Tables <input 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 type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Other/Specify: _____		
		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	<u>\$0.00</u>
Custodial Services	<u>0.00</u>
Food Services	<u>0.00</u>
Other	
Total Fee Estimate	<u>\$0.00</u>
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>1/27/25</u> <u>km/lc</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.

Phillip Johnson
Signature (person in charge of activity)

Date: 1-24-2025

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

Thank you for selecting Pioneer for your event!