

Building Utilization Request



Pioneer Career and Technology Centre

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

Part I - To be completed by organization requesting building utilization

Date(s) <u>5/15/2025</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>STNA Testing</u>				<u>February 23, 2025</u>
Event Time(s) <u>8:30am till 5pm</u>				Room(s) / Area Requested: Med Tech Lab & Related Room
Name of Organization and Event Being Held Pioneer CTC Health Assistant and Med Tech Labs		Number of Persons Attending Meeting 20		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> _____ Chairs _____ Microphone _____ Drinks _____ Tables _____ Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast _____ 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: _____ _____ _____ _____		
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

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>2/24/25</u>	<u>KC</u>	
Billed for Services			
Referred to Board			

Terri Crain, BSN, RN
Signature (person in charge of activity)
Date: 02/23/2025

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!