

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>June 18th 2025</u>		Setup Time <u>4:30 pm</u>	Tear Down Time <u>10 pm</u>	Date Request Submitted <u>3/12/25</u>																		
Activity: Day(s) <u>5-10pm</u>		Room(s) / Area Requested: <u>C109 Community Room</u>																				
Event Time(s)																						
Name of Organization and Event Being Held <u>O'Reilly Auto Parts Real World Training</u>		Number of Persons Attending Meeting <u>C109</u>																				
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: <u>J.R. Trancoff</u>		Business Name: _____																				
Phone Numbers: Home: <u>567 275-0814</u>		Contact Person: _____																				
Work: _____ Cell: <u>419 989-1393</u>		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><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Ovrhd. Proj.	_____ Snacks	_____ Chalkboard	_____ Video Camera	_____ Breakfast	<input checked="" type="checkbox"/> Lectern	_____ Video Recorder	_____ Luncheon	_____ Coat Racks	<input checked="" type="checkbox"/> 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: _____ _____ _____ _____		
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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>3/12/25</u>	<u>[Signature]</u>
Billed for Services		
Referred to Board		

[Signature] TSM729
Signature (person in charge of activity)

Date: 3/12/25

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!

Revised 07/15