

# Building Utilization Request



## Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

*Handwritten signature*

### Part I - To be completed by organization requesting building utilization

Date(s) <u>4/11/25</u>		All day	Set up	Date Request Submitted																		
Activity: Day(s) <u>Friday</u>				<u>3/27/2025</u>																		
Event Time(s) <u>1:30 pm- 2:25 pm</u>		Room(s) / Area Requested:																				
Name of Organization and Event Being Held <b>Dental Assisting Juniors celebration</b>		Number of Persons Attending Meeting <b>18</b>		<b>Pioneer Room</b>																		
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: _____																				
<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><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Dinner</u></td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<u>Chairs</u>	<u>Microphone</u>	<u>Drinks</u>	<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Snacks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Breakfast</u>	<u>Lectern</u>	<u>Video Recorder</u>	<u>Luncheon</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Dinner</u>	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>X</u> <u>No</u>		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 paper Rental..... <b>\$0.00</b> Custodial Services..... <b>0.00</b> Food Services..... <b>0.00</b> Other ..... <b>Total Fee Estimate</b> <b>\$0.00</b> <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		<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><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b></p>									
<table border="1"> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> <tr> <td><i>[Signature]</i></td> <td><u>3/31/25</u></td> <td><i>[Signature]</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Action Taken	Date	By	<i>[Signature]</i>	<u>3/31/25</u>	<i>[Signature]</i>				_____ Melissa Myers Signature (person in charge of activity) Date: <u>3-27-25</u>	
Action Taken	Date	By									
<i>[Signature]</i>	<u>3/31/25</u>	<i>[Signature]</i>									

to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the

**Thank you for selecting Pioneer for your event!**