

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>5/13/2025</u>		Set Up Time 8:10 AM	Tear Down Time 9:30 AM	Date Request Submitted March 27, 2025
Activity: Day(s) <u>Wednesday</u>				Room(s) / Area Requested: Cafeteria
Event Time(s) 8:15				
Name of Organization and Event Being Held Ambassador, Tabletop Demo, Organization Officers Breakfast		Number of Persons Attending Meeting 55		
Address Pioneer		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Vickie Hunt/Tina Hurst</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input type="checkbox"/> No)		
<input type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks	<input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input type="checkbox"/> Video Recorder <input type="checkbox"/> Internet Access	<input type="checkbox"/> Drinks <input type="checkbox"/> Snacks <input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>3/27/2025</u>		

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers Rental..... \$0.00 Custodial Services 0.00 Food Services 0.00 Other Total Fee Estimate \$0.00		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.	
Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: Pioneer CTC		Signature (person in charge of activity) Date: _____	
Action Taken Approved and Booked Billed for Services Referred to Board	Date <u>4/11/25</u>	By 	

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

Thank you for selecting Pioneer for your event!