

# 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**

<p>Date(s) <b>April 15, 16, 17 of 2025</b></p> <p>Activity: Day(s) <b>Tuesday/Wednesday/Thursday</b></p> <p>Event Time(s) <b>11am till 2pm</b></p>	NA	NA	<p>Date Request Submitted</p> <p style="text-align: center;"><b>March 31, 2025</b></p> <hr/> <p>Room(s) / Area Requested:</p> <p style="text-align: center;"><b>W129</b></p>
<p>Name of Organization and Event Being Held</p> <p><b>Health Assistant Lab</b></p>	<p>Number of Persons Attending Meeting</p> <p><b>approx 10 students</b></p>		
<p>Address</p>	<p>Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)</p>		
<p>Contact Person: _____</p> <p>Phone Numbers: Home: _____</p> <p>Work: _____ Cell: _____</p>	<p>Business Name: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p> <p>Address: _____</p>		
<p>PCTC Requested Services: (Identify No. Needed)</p> <p style="text-align: right;">___ <u>Café</u> OR</p> <p><u>Room Setup</u>      <u>Electronic</u>      ___ <u>Culinary Arts</u></p> <p>___ Chairs      ___ Microphone      ___ Drinks</p> <p>___ Tables      ___ Ovrhd. Proj.      ___ Snacks</p> <p>___ Chalkboard      ___ Video Camera      ___ Breakfast</p> <p>___ Lectern      ___ Video Recorder      ___ Luncheon</p> <p>___ Coat Racks      ___ Internet Access      ___ Dinner</p> <p>For specific room setup, see attached design: (check one)</p> <p>___ <b>Yes</b> or ___ <b>No</b></p>	<p>If specific hookup/utility needs are required see attached: (check one) ___ <b>Yes</b> or ___ <b>No</b></p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____</p>		

**Part II - To be completed by PCTC Personnel** **Responsibility Notice**

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental ..... _____</p> <p>Custodial Services ..... _____</p> <p>Food Services ..... _____</p> <p>Other ..... _____</p> <p style="text-align: center;"><b>Total Fee Estimate</b> _____</p> <p><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b></p>	<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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Action Taken</th> <th style="width:30%;">Date</th> <th style="width:40%;">By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td style="text-align: center;">4/1/25</td> <td style="text-align: center;"><i>[Signature]</i></td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	4/1/25	<i>[Signature]</i>	Billed for Services			Referred to Board			<p style="text-align: center;"><b>Tenni Crain, RN, BSN, Health Asst Instructor</b></p> <p style="text-align: center;">Signature (person in charge of activity)</p> <p>Date: <u>03/31/2025</u></p>
Action Taken	Date	By											
Approved and Booked	4/1/25	<i>[Signature]</i>											
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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!**