

Building Utilization Request



Pioneer Career and Technology Center

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

Part I - To be completed by organization requesting building utilization

| | | | | |
|--|--|--|-------------------|---|
| Date(s) <u>9/10, 9/17, 10/15, 11/19, 12/17, 1/21, 2/18, 3/18, 4/22</u> | | Setup Time - 2:30 | Tear Down Time | Date Request Submitted April 30, 2025 |
| Activity: Day(s) <u>Wednesday</u> | | | | Room(s) / Area Requested: Cafeteria |
| Event Time(s) 2:30 PM | | | | |
| Name of Organization and Event Being Held EAP General Meeting | | Number of Persons Attending Meeting ~40 | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: <u>Jeni Stewart</u> | | 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> <input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> 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

| Action Taken | Date | By |
|---------------------|----------------|--------------------|
| Approved and Booked | <u>9/20/25</u> | <u>[Signature]</u> |
| Billed for Services | | |
| Referred to Board | | |

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.

[Signature]
Signature (person in charge of activity)
Date: 9/30/25

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!