

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) 1/13, 2/10, 3/9, 4/13, 5/11		Setup Time	Tear Down Time	Date Request Submitted August 19, 2019
Activity: Day(s) Monday's				Room(s) / Area Requested: W212
Event Time(s) 3:30 - 4:30				
Name of Organization and Event Being Held Pioneer LPDC		Number of Persons Attending Meeting 9		
Address 27 Ryan Road Shelby, Ohio 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Kalyn Stichler		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 42829 Cell: _____		Phone Number: _____		
		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) Yes or No		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>		
<input 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		
For specific room setup, see attached design: (check one) Yes or No		Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
		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 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	8/21/2019	KJS
Billed for Services		
Referred to Board		

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 **\$ 0.00** 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.

Kalyn Stichler
Signature (person in charge of activity)

Date: 8/16/2019

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

Thank you for selecting Pioneer for your event!