

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) November 9 & 10		Setup Time 8:30 am	Tear Down Time 1:15 PM	Date Request Submitted September 17, 2020
Activity: Day(s) Monday & Tuesday				Room(s) / Area Requested: Distance Learning Technology Center E131
Event Time(s) 9:00 am to 1:00 pm				
Name of Organization and Event Being Held SkillsUSA Fall Leadership Virtual Conference		Number of Persons Attending Meeting Max. 33		
Address Pioneer SkillsUSA W123		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Christi Smith		Business Name: N/A		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 42987 Cell: 419 571-3525		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Chairs <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input checked="" type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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	9/18/2020	MFB
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 \$ _____ 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 (person in charge of activity)

Date: 9-17-2020

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!