# **Building Utilization** Request



# **Pioneer Career and Technology Center**

ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Part I - To be com	pleted by organi	zation requesting	g building uti	lization	Ryan Road, Shelby, OH	
Activity: Day(s)	Widnes	-020 May	Setup Time	Tear Down Time	Date Request Submitted	
Event Tim		1		1:00	Room(s) / Area Requested:	
Name of Organization	on and Event Bein	g Held	Number o		1	
NAMI presentation			Attending 30	-	DLTC	
Address			Services to	be provided by photographer, o	by outside person(s)/vendors	
Contact Person:					500.)	
Phone Numbers: Home:			Business Name:			
Work:		Contact Person:				
	Cell:		Phone Numl	oer:		
PCTC Requested Serv	lices: (Idontic at		Address:			
i i i i i i i i i i i i i i i i i i i		If specific hookup/utility needs are required see attached:				
Room Setup Elec	etronic	<u>Café</u> OR <u>Culinary Arts</u>	(check one)	Yes or	No	
	Microphone		Estimated t	ime of arrival	at Pioneer for setup/delivery:	
	Ovrhd. Proj.	Drinks				
2			Other/Speci	Other/Specify:		
<del></del> _	Video Camera					
	Video Recorder Internet Access					
	Dinner					
or specific room setup, see attached design: (check one)  Yes or No.			Date of contact with Cafeteria/Culinary Arts Services			
		if used for this event:				
Part II - To be comple	ersonnel	Responsibility Notice				
stimate Calculation of	pertinent papers.	It is understood that our organization assumes full				
lental			responsibility for any damage to the building and			
ustodial Services		equipment.				
ood Services		A Sponsite 1	Domosti	•		
ther		A Security Deposit in the amount of \$ is required to confirm selected.				
Total Fee Estimate			is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of			
ote: Final invoice billing based upon actual costs			event/activit	у.	on satisfactory complete of	
following the ever	nt/activity.	tual costs				
Jpon receipt of invoice Pic	e, please make che	eck payable to:	suared With	the public th	on this form may be rough our publicly	
Action Taken	Date,	Ву	accessed cal	endar.	<u> </u>	
proved and Booked	12/8/2020	with			0000	
led for Services	1 / 510	1/2	9:~			
Ferred to Board			Date: \sign	rature (person in	charge of activity)	
the policy of Pioneer C			~ 10	$\sim$ 0-	・シャング	

### **Building Utilization** Request

#### **Pioneer**

## **Pioneer Career and Technology Center**

ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Date(s) 12/9/20			Setup Time	Tear Down Time	Date Request Submitted  December 8, 2020		
Activity: Day(s)							
Event Time(s) 9, 11, 1:15					Room(s) / Area Requested:		
Name of Organization and Event Being Held			1	of Persons	DLTC		
Nami Presentation to staff				Attending Meeting			
				30 each meeting			
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)				
Contact Person: Karrie Davisson			Business N	Business Name:			
Phone Numbers:	Phone Numbers: Home:			Contact Person:			
	Vork: Cell:			Phone Number:			
<u> </u>			Address:		*		
PCTC Requested Service	Veeded)	If specific	If specific hookup/utility needs are required see attached:				
<u>Café</u> OR				(check one)Yes orNo			
Room Setup Electr	ronic	Culinary Art	s Estimated	Estimated time of arrival at Pioneer for setup/delivery:			
Chairs X	Microphone	Drinks					
Tables X	Ovrhd. Proj.	Snacks	Other/Spe	Other/Specify:			
Chalkboard	Video Camera	Breakfa	st No Setu	No Setup needed. Meghan Niswander and Shannon			
Lectern	Video Recorder	Lunched	on Sprang	Sprang will be helping set up. Guest speakers			
Coat Racks X Internet Access Dinner			will arri	will arrive at 8:30 via the board entrance.			
For specific room setup, se	check one)	Date of co	Date of contact with Cafeteria/Culinary Arts Services				
Yes or X No		if used for	if used for this event:				
Part II - To be comple	rsonnel		Respo	nsibility Notice			
Estimate Calculation of	pertinent paper	s. It is und	It is understood that our organization assumes full responsibility for any damage to the building and				
Rental		1 -					
Custodial Services		,	equipme	ent.			
Food Services			A Secur	ity Deposit in t	he amount of \$		
Other			is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of				
Total 1							
<b>Note:</b> Final invoice bil following the evo	ctual costs	event/ac	·				
Upon receipt of invoic	eck payable t	shared	Any and all information on this form may be shared with the public through our publicly accessed calendar.				
Action Taken	Date	Ву					
Approved and Booked							
Billed for Services				Signature (per	son in charge of activity)		
Referred to Board			Date:				

It is the policy of Pioneer Career & Technology Center to use Thank you for selecting Pioneer for your event! these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.