

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44881

Part I - To be completed by organization requesting building utilization

Date(s) <u>April 30, 2021</u>		Setup Time 9:15 AM	Tear Down Time 12:15 PM	Date Request Submitted February 22, 2021
Activity: Day(s) <u>Friday</u>				Room(s) / Area Requested: Distance Learning Technology Center E13
Event Time(s) 10:00 am to 12:00 Pm				
Name of Organization and Event Being Held SkillsUSA STATE Contest (Virtual) Awards Ceremony		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: <u>N/A</u>		
Phone Numbers: Home: <u>419 571-3525</u>		Contact Person: _____		
Work: <u>ext 42987</u> Cell: <u>419 571-3525</u>		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 one) <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 Tech help appreciated		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

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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			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 completion of event/activity. Any and all information on this form may be shared with the public through our publicly accessed calendar.
Action Taken	Date	By	
Approved and Booked	<u>3/2/2021</u>	<u>MSB</u>	
Billed for Services			
Referred to Board			
			Christi Smith Signature (person in charge of activity) Date: <u>2-22-2021</u>