

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) 23-Aug-21		Setup Time	Tear Down Time	Date Request Submitted August 6, 2021																			
Activity: Day(s) Monday				Room(s) / Area Requested: Community Room																			
Event Time(s) 8:00 am to 10:30 am																							
Name of Organization and Event Being Held Pioneer - Career Coaches Meeting			Number of Persons Attending Meeting 20																				
Address			Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: Matt Parr			Business Name: N/A																				
Phone Numbers: Home: _____			Contact Person: _____																				
Work: 419 3477744 Cell: 419 5666071			Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)			Address: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td>20 Chairs</td> <td>Microphone</td> <td>Drinks</td> </tr> <tr> <td>10 Tables</td> <td>X Ovrhd. Proj.</td> <td>Snacks</td> </tr> <tr> <td>Chalkboard</td> <td>Video Camera</td> <td>X Breakfast</td> </tr> <tr> <td>Lectern</td> <td>Video Recorder</td> <td>Luncheon</td> </tr> <tr> <td>Coat Racks</td> <td>X Internet Access</td> <td>Dinner</td> </tr> </table>			<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	20 Chairs	Microphone	Drinks	10 Tables	X Ovrhd. Proj.	Snacks	Chalkboard	Video Camera	X Breakfast	Lectern	Video Recorder	Luncheon	Coat Racks	X Internet Access	Dinner	If specific hookup/utility needs are required see attached: (check one) Yes or No		
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For specific room setup, see attached design: (check one) Yes or No			Estimated time of arrival at Pioneer for setup/delivery: _____																				
			Other/Specify: Pioneer Cafeteria																				
			Date of contact with Cafeteria/Culinary Arts Services if used for this event: August 6, 2021 - Jason																				

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		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.	
Action Taken Date By Approved and Booked 8/9/21 K-K Billed for Services Referred to Board		Signature (person in charge of activity) Date: 8-6-21	

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

Thank you for selecting Pioneer for your event!

Revised 07/15