

** 8/23 At this time, Perf. Arts doesn't think they'll need Comm. Room this day. If this changes, the Career Coach meeting will find a different location.*

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) <u>9/1/21</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Wednesday</u>				<u>August 23, 2021</u>
Event Time(s) <u>8:30am-11:30am</u>				Room(s) / Area Requested:
Name of Organization and Event Being Held Pioneer Career Development; Workshop for Career Coaches		Number of Persons Attending Meeting 10	Community Room <i>W121A (backing room) library</i>	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Matt Parr</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>42206</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>x</u> <u>Café</u> OR <u>Culinary Arts</u> <u>x</u> Chairs _____ Microphone <u>x</u> Drinks <u>x</u> Tables _____ Ovrhd. Proj. <u>x</u> Snacks _____ Chalkboard _____ Video Camera _____ Breakfast <u>x</u> Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks <u>x</u> Internet Access _____ Dinner		If specific hookup/utility needs are required see attached: (check <u>Yes</u> or <u>No</u>) Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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 **15.00**

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	<u>8/24/21</u>	<u>KWC</u>
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: _____

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!

Community Room Layout

Event OhioMeansJobs Workshop

Date ~~8/28~~ and 9/1 Group Career Coaches

Contact Person Matt Parr Phone 42206

Whiteboard

