

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) 16-Aug		Date Request Submitted May 30, 2019
Activity: Day(s) Friday		Room(s) / Area Requested: ECE Preschool room
Time(s) 3:00-5:00		
Name of Organization Infant/Toddler Parent Meeting	Number of Persons Attending Meeting 21	
Address 27 Ryan Rd., Shelby, OH 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: Stephanie Roberts		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: 419 347-7744 Cell: _____		Phone Number: 419-347-7744 ext 42601
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
___ Chairs	___ Microphone	___ Drinks
4 Tables	X Ovrhd. Proj.	___ Snacks
___ Chalkboard	___ Video Camera	___ Luncheon
___ Lectern	___ Video Recorder	___ Dinner
___ Coat Racks	X Internet Access	
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) ___ Yes or x No
X Yes or ___ No		Estimated time of arrival at Pioneer for setup/delivery: 0:00
		Other/Specify: we will get chairs from the ECE related room
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____

Part II - To be completed by PCTC Personnel

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental _____</p> <p>Custodial Services _____</p> <p>Food Services _____</p> <p>Other _____</p> <p>Total Fee Estimate _____</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p>			<p>Responsibility Notice</p> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p><i>Stephanie Roberts</i> Signature (person in charge of activity)</p> <p>Date: 5-30-19</p>
Action Taken	Date	By	
Approved and Booked	5/30/2019	SR	
Billed for Services			
Referred to Board			

Thank you for selecting Pioneer for your event!

Preschool Room.
Parent Meeting
Inf./Toddler
Smartboard

