

# 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) <b>May 19 &amp; May 20 2022</b>		Date Request Submitted <b>June 1, 2021</b>
Activity: Day(s) <b>Thursday &amp; Friday</b>		Room(s) / Area Requested: <b>Arena</b>
Time(s) <b>All Day</b>		
Name of Organization <b>ECE - Preschool Graduation Thur. Practice and setting up Fri. will be Graduation</b>		Number of Persons Attending Meeting <b>200</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: <b>Tesla Gray</b>		Business Name: _____
Phone Numbers: Home: _____		Contact Person: _____
Work: <b>ext 42600</b> Cell: _____		Phone Number: _____
PCTC Requested Services: (Identify No. Needed)		Address: _____
Room Setup	Electronic	Café/Culinary Arts
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	____ Drinks
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	____ Snacks
____ Chalkboard	____ Video Camera	____ Luncheon
____ Lectern	____ Video Recorder	____ Dinner
____ Coat Racks	____ Internet Access	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>
		Estimated time of arrival at Pioneer for setup/delivery: _____
		Other/Specify: _____
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____

### Part II - To be completed by PCTC Personnel

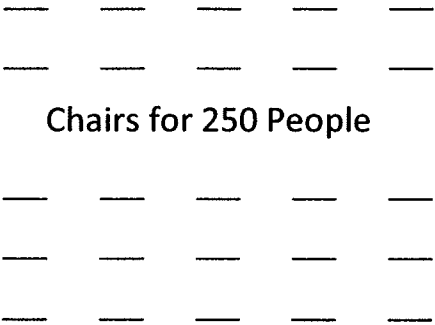
### Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers. Rental ..... Custodial Services ..... Food Services ..... Other ..... <b>Total Fee Estimate</b> ..... <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			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.   Signature (person in charge of activity) Date: <b>June 1, 2021</b>
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	
Approved and Booked	<b>6/3/2021</b>	<b>WJB</b>	
Billed for Services			
Referred to Board			

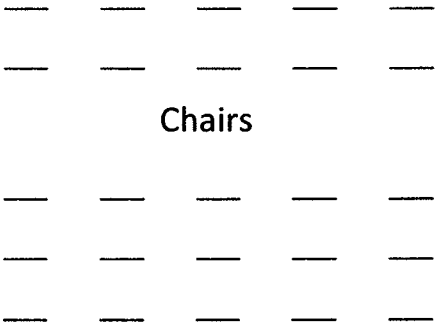
**Thank you for selecting Pioneer for your event!**

Preschool Graduation Arena Set Up

Stage



Chairs for 250 People



Chairs

2 Tables or 1 Foldable Table by the side wall (wall with the light switch)

Please leave enough space between the two sections of chairs for 3 adults to walk side by side



2 Chairs and 1 Table by entrance



1 Foldable Table by the back wall of arena

6-7 center barriers taken down from stage please