

Building Utilization Request



Pioneer Career and Technology

ATTN: Director of Business
27 Ryan Road, Shelby, CT

Part I - To be completed by organization requesting building utilization

Date(s) Nov 13, Nov 20, April 16 and 23		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____		4:00	7:30	July 24, 2025
Event Time(s) 4:00-7:30				Room(s) / Area Requested
Name of Organization and Event Being Held Parent Teacher Conferences		Number of Persons Attending Meeting 20		ECE Lab
Address Ryan Road		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: Stephanie Roberts		
Work: 419 347-7744 Cell: _____		Phone Number: 419-347-7744 ext 42601		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input 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 type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: Nothing needed _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		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 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.												
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>7/24/25</td> <td>[Signature]</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>			Action Taken	Date	By	Approved and Booked	7/24/25	[Signature]	Billed for Services			Referred to Board			Any and all information on this form may be shared with the public through our publicly accessed calendar. Stephanie Roberts 7-24-25 Signature (person in charge of activity) Date: 7-24-25
Action Taken	Date	By													
Approved and Booked	7/24/25	[Signature]													
Billed for Services															
Referred to Board															

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

Thank you for selecting Pioneer for your event