

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
Activity: Day(s) Monday		June 1, 2021
Time(s) 3:30-5:00		Room(s) / Area Requested:
Name of Organization	Number of Persons	ECE Preschool room
Infant/Toddler Parent Meeting	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 x 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

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 complete of event/activity.  Signature (person in charge of activity) Date: 6-1-21
Action Taken	Date	By	
Approved and Booked	6/3/2021	mf15	
Billed for Services			
Referred to Board			

Thank you for selecting Pioneer for your event!