

Building Utilization Request



Pioneer Career and Technology Center

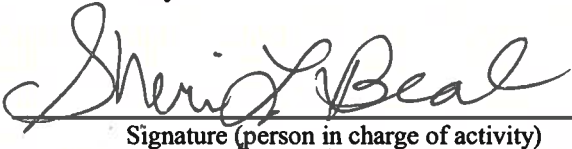
ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

WJH

Part I - To be completed by organization requesting building utilization

Date(s) 3-May-22		Setup Time 5:30 PM	Tear Down Time 7:00 PM	Date Request Submitted January 20, 2022
Activity: Day(s) Tuesday				
Event Time(s) 6 pm - 7 pm		Room(s) / Area Requested: W102 Ms. Grau's room Horticulture Community Room		
Name of Organization ECE-April Parent Event w/Horticulture lab		Number of Persons Attending Meeting 40		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Sheri Beal		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 42600 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>		
<input checked="" type="checkbox"/> Chairs	_____ Microphone	_____ Drinks		
<input checked="" type="checkbox"/> Tables	_____ 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"/> Yes or _____ No		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: _____		
		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 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			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.  Signature (person in charge of activity) Date: <u>1/20/22</u>
Action Taken	Date	By	
Approved and Booked	1/20/22	WJH	
Billed for Services			
Referred to Board			

Thank you for selecting Pioneer for your event!

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

Community room set up: 6 sets of 2 tables-48 chairs

see pic below



Chair
Table

