

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) 24-Mar		Date Request Submitted 2/23/22 SR
Activity: Day(s) Thursday		Room(s) / Area Requested: W151 Mike Smith's room
Time(s) set up 7am and tear down 2pm		
Name of Organization ECE Preschool and Childcare Center Picture Day	Number of Persons Attending Meeting 30	
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: ext. 42601 Cell: _____		Phone Number: 419-347-1312
PCTC Requested Services: (Identify No. Needed)		Address: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<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"/> Luncheon
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Dinner
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Estimated time of arrival at Pioneer for setup/delivery: _____
		Other/Specify: Could items in the room all be moved to one side of the room to allow room for the photographer to set u her backdrop? Door needs to be unlocked please.
		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		
Action Taken	Date	By
Approved and Booked	2/28/22	lmc
Billed for Services		
Referred to Board		

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: **2-23-22**

Thank you for selecting Pioneer for your event!