

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 | | | | | | |
|---|---|---|-----------------------|-------|-------------------------------|--|
| Date(s) 16-Aug-23 | Set | tup Time | | Down | Date Request Submitted | |
| Activity: Day(s) | | | Ti | ime | June 21, 2023 | |
| Event Time(s) 5:00pm -7:30pm | 4: | :030pm | 7: | :30 | Room(s) / Area Requested: | |
| Name of Organization and Event Being Held | \Box | Number of Persons | | | Community Room | |
| Preschool Parent Meeting 5:30pm | | Attending Meeting | | | | |
| | | 30 | | | vy outgido nergon(a)/syandora | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | | | |
| Ryan Road | | | | | | |
| Contact Person: Stephanie Roberts | _ | Business Name: | | | | |
| Phone Numbers: Home: | _ | Contact Person: Stepha | | | | |
| Work: 419 347-7744 Cell: | _ | Phone Number: 419-347 | | | -7744 ext 42601 | |
| | \dashv | Address: | | | | |
| PCTC Requested Services: (Identify No. Needed) | | If specific hookup/utility needs are required see attached: | | | | |
| <u>Café</u> OR | | • | (check one) Yes or No | | | |
| Room Setup Electronic Culinary Arts | <u>s</u> | Estimated time of arrival at Pioneer for setup/delivery: | | | | |
| X Chairs X Microphone Drinks | | | | | | |
| X Tables X Ovrhd. Proj. Snacks | | Other/Specify: | | | | |
| Chalkboard Video Camera Breakfas | | We will need tables and chairs set up in the room | | | | |
| Lectern Video Recorder Luncheo | on | for parents to sit facing the smartboard. We will | | | | |
| Coat Racks X Internet AccessDinner | | need a microphone and smartboard working | | | | |
| For specific room setup, see attached design: (check one) | Date of contact with Cafeteria/Culinary Arts Services | | | | | |
| X Yes or No if used for this event: | | | | | | |
| Part II - To be completed by RCTC Personnel | | | | Respo | ngibility Kortee : | |
| Estimate Calculation of Fees: Attach any pertinent paper | s. | It is understood that our organization assumes full | | | | |
| Rental | | responsibility for any damage to the building and | | | | |
| Custodial Services | | equipment. | | | | |
| Food Services | | A Security Deposit in the amount of \$ | | | | |
| Other | | is required to confirm scheduling. This will be | | | | |
| Total Fee Estimate | | applied to final invoice upon satisfactory complete of | | | | |
| Note: Final invoice billing based upon actual costs | | event/activity. | | | | |
| following the event/activity. | | Any and all information on this form may be | | | | |
| Upon receipt of invoice, please make check payable to: | | shared with the public through our publicly | | | | |
| Pioneer CTC | | accessed calendar. | | | | |
| Action Taken Date By | | | | | | |
| Approved and Booked 6/1/23 MK | | | | thane | | |
| Billed for Services | | Signature (person in charge of activity) | | | | |
| Referred to Board | | Date: (2-21-23 | | | | |

It is the policy of Ploneer Career & Technology Center to use Thank you for selecting Ploneer for your eventland these funds for the direct use, improvement, and