

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) 21-Aug		Date Request Submitted May 24, 2018
Activity: Day(s) Tuesday		Room(s) / Area Requested: Community Room
Time(s) 6:00pm-8:00pm		
Name of Organization Preschool Parent Meeting	Number of Persons 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
		Address: _____
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>x</u> No
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input checked="" type="checkbox"/> Tables	<input checked="" 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 checked="" type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Estimated time of arrival at Pioneer for setup/delivery: 0:00
		Other/Specify: We will need tables and chairs set up in the room for parents to sit at. Also will need microphone and smartboard working
		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

Action Taken	Date	By
Approved and Booked	7/3/2018	WJB
Billed for Services		
Referred to Board		

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.

Stephanie Roberts
Signature (person in charge of activity)

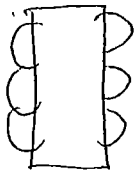
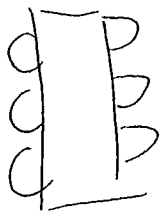
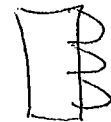
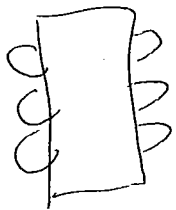
Date: 5-24-18

Thank you for selecting Pioneer for your event!

Preschool Community Room
Parent Meeting
(Front of Room)

Podium
with mic.

Smartboard



Note: This is
a rough estimate
of the
table
setup. I am not
sure how many tables
and chairs fit in this
room in this way.