

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 May 24, 2018
Activity: Day(s) Thursday		Room(s) / Area Requested: ECE Preschool room
Time(s) 3:00-5:00		
Name of Organization Infant/Toddler 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
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) X Yes or x No		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> 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

Action Taken	Date	By
Approved and Booked	7/3/2018	WJR
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 completion of event/activity.

Signature (person in charge of activity)

Date: Stephanie Roberts

Thank you for selecting Pioneer for your event!

Preschool Room.
Parent Meeting
Inf./Toddler
Smartboard

