

# 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) <b>29-Sep-23</b>		Setup Time	Tear Down Time	Date Request Submitted <b>August 28, 2023</b>
Activity: Day(s) <b>Friday</b>				Room(s) / Area Requested: <b>Preschool Room</b>
Event Time(s) <b>8:45-9:45 and 12:00-1:00</b>		Name of Organization and Event Being Held <b>Preschool Grandparents Day</b>		Number of Persons Attending Meeting <b>36</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Stephanie Roberts</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	Other/Specify: <b>N/A</b>		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder			
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one)				
<input type="checkbox"/> Yes or <input type="checkbox"/> No				

## 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		
Billed for Services	8/31/23	JA/C
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.

**Any and all information on this form may be shared with the public through our publicly accessed calendar.**

*Stephanie Roberts*  
Signature (person in charge of activity)  
Date: **8-28-23**

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.

Thank you for selecting Pioneer for your event!