

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44884

Part I - To be completed by organization requesting building utilization

Date(s) Nov 14 and Nov 21, 2024		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) _____		3:30pm	7:30	November 4, 2024																					
Event Time(s) 4:00pm - 7:30pm				Room(s) / Area Requested: ECE Lab																					
Name of Organization and Event Being Held Infant, Toddler and Preschool Conferences		Number of Persons Attending Meeting 15																							
Address Ryan Road		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: _____ Cell: _____		Phone Number: _____																							
PCTC Requested Services: (Identify No. Needed)		Address: _____																							
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR</td> </tr> <tr> <td>_____ Chairs</td> <td>_____ Microphone</td> <td>_____ Culinary Arts</td> </tr> <tr> <td>_____ Tables</td> <td>_____ Ovrhd. Proj.</td> <td>_____ Drinks</td> </tr> <tr> <td>_____ Chalkboard</td> <td>_____ Video Camera</td> <td>_____ Snacks</td> </tr> <tr> <td>_____ Lectern</td> <td>_____ Video Recorder</td> <td>_____ Breakfast</td> </tr> <tr> <td>_____ Coat Racks</td> <td>_____ Internet Access</td> <td>_____ Luncheon</td> </tr> <tr> <td></td> <td></td> <td>_____ Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	_____ Chairs	_____ Microphone	_____ Culinary Arts	_____ Tables	_____ Ovrhd. Proj.	_____ Drinks	_____ Chalkboard	_____ Video Camera	_____ Snacks	_____ Lectern	_____ Video Recorder	_____ Breakfast	_____ Coat Racks	_____ Internet Access	_____ Luncheon			_____ Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>x No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>Nothing needed</u>		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR																							
_____ Chairs	_____ Microphone	_____ Culinary Arts																							
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		_____ Dinner																							
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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	11/5/24	[Signature]
Billed for Services		
Referred to Board		

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.

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: 11-4-24

Thank you for selecting Pioneer for your event!