Building Utilization Request



Pioneer Career and Technology Cen

ATTN: Director of Business Affa 27 Ryan Road, Shelby, OH 44

Total Fee Estimate to final invoice upon satisfactory complete of event/activity.	Date(s) Nov 14 and Nov 21, 2024 Activity: Day(s) Event Time(s) 4:00pm - 7:30pm Name of Organization and Event Being Held Infant, Toddler and Preschool Conferences Address Ryan Road Contact Person: Stephanie Roberts	3:30pm Number of Attending Services to (i.e. caterer, Business Na	Tear Down Time 7:30 f Persons Meeting 15 be provided by	November 4, 2024 Room(s) / Area Requested: ECE Lab	
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Address Ryan Road Contact Person: Phone Numbers: Work: Cell: PCTC Requested Services: (Identify No. Needed) Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Clalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Chair Services: Chair Services: (Identify No. Needed) Café OR Culinary Arts Chairs Microphone Drinks Chairs Microphone Drinks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Part II - To be completed by PCTC Personnel Rental Custodial Services Chood Services Other Services if used for this event: It is understood that our organization assumes full responsibility for any damage to the building and equipment. Attending Meeting Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or x No Estimated time of arrival at Pioneer for setup/delivery: Nother/Specify: Nothing needed Date of contact with Cafeteria/Culinary Arts Services if used for this event: It is understood that our organization assumes full responsibility for any damage to the building and equipment. Address: Address: If specific hookup/utility needs are required see attached: (check one) Yes or x No Estimated time of arrival at Pioneer for setup/delivery: Nother/Specify: Nothing needed If specific hookup/utility needs are required see attached: (check one) Yes or x No Estimated time of arrival at Pioneer for setup/delivery: If specific hookup/utility needs are required see attached: (check one) Yes or x No Estimated time of arrival at Pioneer for setup/delivery: Nother/Specify: Nother/Specify: Nother/Specify: Nother/Specify: Noth	Address Ryan Road Contact Person: Stephanie Roberts	Services to (i.e. caterer Business Na	be provided by		
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Ryan Road Contact Person: Stephanie Roberts Phone Numbers: Home: Contact Person: Phone Numbers: Home: Contact Person: Phone Number: Address: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or X No Estimated time of arrival at Pioneer for setup/delivery: Potential Total Fee Estimate Ryan Road (i.e. caterer, photographer, etc.) Business Name: Contact Person: Contact Person: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or X No Estimated time of arrival at Pioneer for setup/delivery: Other/Specify: Nothing needed Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner	Ryan Road Contact Person: Stephanie Roberts	(i.e. caterer, Business Na	be provided by photographer, e	. 11	
Contact Person: Stephanie Roberts Phone Numbers: Home: Contact Person: Phone Number: Address: PCTC Requested Services: (Identify No. Needed) Room Setup	Contact Person: Stephanie Roberts	Business Na	, photographer, e	y outside person(s)/vendors	
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Work: Cell: Phone Number: PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Culinary Arts Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental Rental Responsibility Notice It is understood that our organization assumes full responsibility for any damage to the building and equipment. Address: If specific hookup/utility needs are required see attached: (check one) Yes or x No Estimated time of arrival at Pioneer for setup/delivery: Nothing needed Note: Final invoice billing based upon actual costs	Phone Numbers: Home:		Business Name:		
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following the event/activity.		Any and	all information	on this fam.	
Upon receipt of invoice, please make check payable to: Any and all information on this form may be shared with the public through our publicly accessed		with the	an miormanor Jublic through	on this form may be shared	
Pioneer CTC calendar.	Pioneer CTC	calendar.	guarie ini ough	our publicly accessed	
Action Taken Date By					
Approved and Booked ///5/24 /hrk Sophano Robert	Approved and Booked ///5/24 lank	Slop	ha moo	Revosita	
Billed for Services Signature (person in charge of activity)	Billed for Services		Signature (perso	on in charge of activity)	
(First in things of delivity)	Referred to Board It is the policy of Pioneer Career & Technology Center to use	Date: \\	1-1-21	₹.	

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!