

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) May 1 and May 8, 2025		All day	Set up	Date Request Submitted
Activity: Day(s) Both Thursdays				11/18/2024
Event Time(s) 4:00-7:30pm		Room(s) / Area Requested:		
Name of Organization and Event Being Held Infant, Toddler, Preschool Parent teacher Conferences		Number of Persons Attending Meeting 20		ECE lab
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: 419 3477744		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input type="checkbox"/> No) Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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	\$0.00
Custodial Services	0.00
Food Services	0.00
Other	
Total Fee Estimate	\$0.00
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
	11/18/24
By	<i>[Signature]</i>

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.

[Signature]
Signature (person in charge of activity)

Date: 11-18-24

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!