

# Building Utilization Request



## Pioneer Career and Technology

ATTN: Director of Business  
27 Ryan Road, Shelby, CT

### Part I - To be completed by organization requesting building utilization

Date(s) <b>14-Aug-24</b>		Setup Time  <b>3:00 PM</b>	Tear Down Time  <b>18:00</b>	Date Request Submitted  <b>July 24, 2025</b>																		
Activity: Day(s) _____				Room(s) / Area Requested  <b>Preschool room</b>																		
Event Time(s) <b>3:00pm -6:00pm</b>																						
Name of Organization and Event Being Held <b>Preschool and Infant/Toddler Parent Meeting</b>		Number of Persons Attending Meeting  <b>30</b>																				
Address  <b>Ryan Road</b>		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: <b>Stephanie Roberts</b>																				
Work: <b>419 347-7744</b> Cell: _____		Phone Number: <b>419-347-7744 ext 42601</b>																				
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 <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>_____ Drinks</td> </tr> <tr> <td>_____ Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td>_____ Snacks</td> </tr> <tr> <td>_____ Chalkboard</td> <td>_____ Video Camera</td> <td>_____ Breakfast</td> </tr> <tr> <td>_____ Lectern</td> <td>_____ Video Recorder</td> <td>_____ Luncheon</td> </tr> <tr> <td>_____ Coat Racks</td> <td><input checked="" type="checkbox"/> Internet Access</td> <td>_____ Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	_____ Drinks	_____ Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	_____ Snacks	_____ Chalkboard	_____ Video Camera	_____ Breakfast	_____ Lectern	_____ Video Recorder	_____ Luncheon	_____ Coat Racks	<input checked="" type="checkbox"/> Internet Access	_____ Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ <u>We will need chairs set up in the room. See Stephanie for help for parents to sit facing the smartboard.</u>		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>																				
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For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes 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

### Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers. Rental ..... Custodial Services ..... Food Services ..... Other ..... <b>Total Fee Estimate</b> ..... <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			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.  <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	
Approved and Booked	7/24/25	[Signature]	
Billed for Services			
Referred to Board			

Signature (person in charge of activity) \_\_\_\_\_  
Date: 7-24-25

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the

Thank you for selecting Pioneer for your event