

Building Utilization Request



Pioneer Career and Technology Center

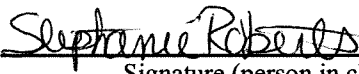
ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

Part I - To be completed by organization requesting building utilization

Date(s) 18-Aug		Date Request Submitted June 1, 2021
Activity: Day(s) Wednesday		Room(s) / Area Requested: Community Room
Time(s) 6:00pm-8:00pm		
Name of Organization Preschool Parent Meeting	Number of Persons Attending Meeting 35	
Address 27 Ryan Rd., Shelby, OH 44875		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: 419 347-7744 Cell: _____		Phone Number: 419-347-7744 ext 42601
PCTC Requested Services: (Identify No. Needed)		Address: _____
Room Setup	Electronic	Café/Culinary Arts
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	____ Drinks
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	____ Snacks
____ Chalkboard	____ Video Camera	____ Luncheon
____ Lectern	____ Video Recorder	____ Dinner
____ Coat Racks	<input checked="" type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Estimated time of arrival at Pioneer for setup/delivery: 0:00
		Other/Specify: We will need tables and chairs set up in the room for parents to sit at. Also will need microphone and smartboard working
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____

Part II - To be completed by PCTC Personnel

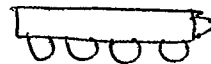
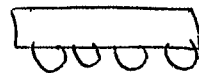
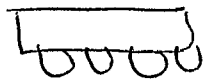
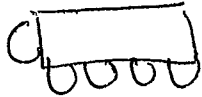
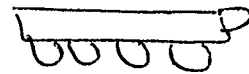
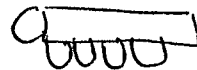
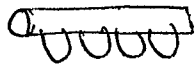
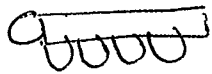
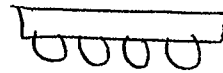
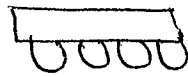
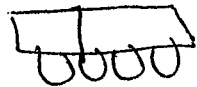
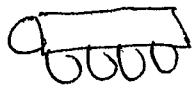
Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Food Services Other 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			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.  Signature (person in charge of activity) Date: 6-1-21
Action Taken	Date	By	
Approved and Booked	6/3/2021	MSB	
Billed for Services			
Referred to Board			

Thank you for selecting Pioneer for your event!

Preschool Community Room Parent Meeting (Front of Room)

Smartboard



I'm not sure how many
tables fit in this room
or how many fit across
in one row but would
like it set up something
like this



coat racks