

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 3rd and May 5th		Date Request Submitted March 7, 2016
Activity: Day(s) Tuesday and Thursday		Room(s) / Area Requested: Preschool Room and or office
Time(s) 2:30-7:00pm		
Name of Organization Preschool Parent Teacher Conferences	Number of Persons Attending Meeting 36 parents	
Address Pioneer Preschool	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: _____	
	Address: _____	
PCTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) <u> </u> Yes or <u> </u> No	
<u> </u> Room Setup <u> </u> Electronic <u> </u> Café/Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u> </u> Chairs <u> </u> Microphone <u> </u> Drinks	Other/Specify: _____	
<u> </u> Tables <u> </u> Ovrhd. Proj. <u> </u> Snacks	_____	
<u> </u> Chalkboard <u> </u> Video Camera <u> </u> Luncheon	_____	
<u> </u> Lectern <u> </u> Video Recorder <u> </u> Dinner	_____	
<u> </u> Coat Racks <u> </u> Internet Access	_____	
For specific room setup, see attached design: (check one)	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<u> </u> Yes or <u> </u> No		

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	3/7/2016	MYB
Billed for Services		
Referred to Board		

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.

Stephanie Roberts

Signature (person in charge of activity)

Date: 3-7-16

Thank you for selecting Pioneer for your event!