Building Utilization Request



Pioneer Career and Technology Center

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

Date(s) Nov 9 and 16 Activity: Day(s) 9h Thursday 16 Thursday Event Time(s) 4:30-7:30pm Name of Organization and Event Being Held Setup Time Tear Down Time June 21, 2023 Room(s) / Area Requested: ECE Lab	Partile To be completed by organization requesting building utilization						
Activity: Day(s) 9h Thursday 16 Thursday					Tear Down	Date Request Submitted	
Name of Organization and Event Being Held Preschool and Inf/Todd Parent Teacher Conferences Address Contact Person: Stephanie Roberts Phone Numbers: Home:	` ` .				Time	June 21, 2023	
Name of Organization and Event Being Held Preschool and Inf/Todd Parent Teacher Conferences Address Address Contact Person: Phone Numbers: Work: Cell: PCTC Requested Services: (Identify No. Needed) Chairs Microphone Chairs Microphone Chairs Tables 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. Pobe completed by PGIC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial 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 Address Stephanle Roberts Business Name: Contact Person: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Other/Specify: N/A Estimated time of arrival at Pioneer for setup/delivery: 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. 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. Upon receipt of invoice, please make check payable to: Pioneer CTC Action Taken Date By Approved and Booked Approved and Booked Approved and Booked Approved and Booked Part to Post of the Complete Signalury (person in charge of activity) Date: Signalury (person in charge of activity) Date:						Room(s) / Area Requested:	
Address Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Home:						ECE Lab	
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	Preschool and Inf/Todd Parent Teacher Conferences			1			
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