

# Building Utilization Request



# Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44884

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

Date(s) <b>19-Aug-24</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s)			<b>June 3, 2024</b>
Event Time(s) <b>5:00pm -7:30pm</b>	<b>4:030pm</b>	<b>7:30</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Preschool Parent Meeting 5:30pm</b>	Number of Persons Attending Meeting <b>30</b>		<b>Community Room</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: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input checked="" 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 checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <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 checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	<b>We will need tables and chairs set up in the room for parents to sit facing the smartboard. We will need a microphone and smartboard working</b> 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**

Action Taken	Date	By
Approved and Booked		
Billed for Services		
Referred to Board		

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.**

*Stephanie Roberts*

Signature (person in charge of activity)

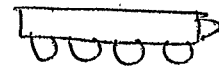
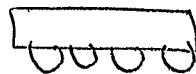
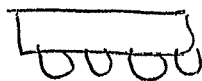
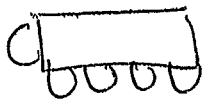
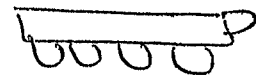
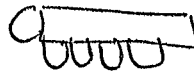
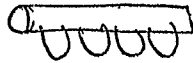
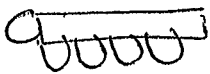
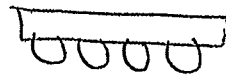
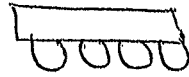
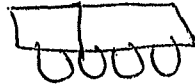
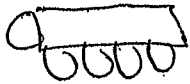
Date: **6-3-24**

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!**

# eschool 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