

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. 16th 2024		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thursday				May 31st 2023
Event Time(s) 10AM-12PM		730AM	1230PM	Room(s) / Area Requested:
Name of Organization and Event Being Held Preschool Graduation and LUAU celebration		Number of Persons Attending Meeting approx. 200		ARENA
Address 27 ryan road		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Ellen Zaebst		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 42600 Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input 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 checked="" type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>Told that Culinary will do food.</u>		

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.

Any and all information on this form may be shared with the public through our publicly accessed calendar.

Action Taken	Date	By
Approved and Booked	6/20/23	kwl
Billed for Services		
Referred to Board		

Ellen Zaebst
Signature (person in charge of activity)


Date: 5/31/23

per Kevin May '23



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!

Preschool Graduation Arena Set Up

 + podium

Stage



Chairs for 250 People

Chairs

2 Tables or 1 Foldable Table by the side wall (wall with the light switch)

Please leave enough space between the two sections of chairs for 3 adults to walk side by side


2 Chairs and 1 Table by entrance


1 Foldable Table by the back wall of arena

6-7 center barriers taken down from stage please