

Building Utilization Request



Pioneer Career and Technology Center

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

[Handwritten signature]

Part I - To be completed by organization requesting building utilization

Date(s) 15-Aug-24	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____			June 3, 2024
Event Time(s) 3:30pm - 5pm	2:30pm	5:00pm	Room(s) / Area Requested:
Name of Organization and Event Being Held Infant, Toddler Parent Meeting	Number of Persons Attending Meeting 20		ECE Lab
Address Ryan Road	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Stephanie Roberts	Business Name: _____	Contact Person: _____	
Phone Numbers: Home: _____	Contact Person: _____	Phone Number: _____	
Work: _____ Cell: _____	Address: _____	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	
PCTC Requested Services: (Identify No. Needed)	Estimated time of arrival at Pioneer for setup/delivery: _____		
Room Setup	Other/Specify: I will need chairs to go with the tables		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts			
10 Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks			
4 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			
For specific room setup, see attached design: (check one)	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Yes or <input type="checkbox"/> No			

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	6/20/24	[Signature]
Billed for Services		
Referred to Board		

[Signature: 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!