

# 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) <b>3/26/2024</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Wednesday</b>		<b>2:30 PM</b>	<b>after dinner</b>	<b>October 28, 2024</b>
Event Time(s) <b>5:00 PM</b>				Room(s) / Area Requested:
Name of Organization and Event Being Held		Number of Persons Attending Meeting		<b>East Building Hallways</b>
<b>All Board Dinner - Lab Presentations</b>		<b>Approx 14 students</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Mindy Hiatt</b>		Other/Specify: <b>Please set up tables along</b>		
Phone Numbers: Home: _____		<b>both sides of the East Building hallway for</b>		
Work <b>42101</b> Cell: _____		<b>Student Lab Presentations.</b>		
PCTC Requested Services: (Identify No. Needed)		<b>Last year Community Room Tables were used.</b>		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <sup>1 per table</sup> <input type="checkbox"/> Microphone <input 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 type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		<b>This year use Arena storage Tables(?) Board office will provide Blue Tablecloths.</b>		
For specific room setup, see attached design: (check one)				
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No				

## Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers. Rental..... Custodial Services ..... Food Services ..... Other ..... <b>Total Fee Estimate</b>			<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b></p>	
Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			Signature (person in charge of activity)  Date: <b>10/28/2024</b>	
<b>Action Taken</b>	<b>Date</b>	<b>By</b>		
Approved and Booked	<b>10/28/24</b>	<b>MH</b>		
Billed for Services				
Referred to Board				

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!**