

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) <u>10/15/25; 12/10/25; 2/11/26; 4/15/26</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Wednesdays</u>				<u>August 25, 2025</u>
Event Time(s) <u>8:00 am - 11 am</u>		DAY BEFORE	<u>11:30 AM</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held Business Advisory Council Meetings 2025-26		Number of Persons Attending Meeting 30 - 40		ARENA
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Mindy Hiatt</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>742101</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Tablecloths for tables</u> <input checked="" type="checkbox"/> <u>Café</u> OR		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
Room Setup <u>Electronic Screen</u> Culinary Arts		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input checked="" type="checkbox"/> Drinks		Other/Specify: _____		
<input checked="" type="checkbox"/> Tables <u>Ovrhd. Proj.</u> Snacks		_____		
<u>Chalkboard</u> Video Camera <input checked="" type="checkbox"/> Breakfast		_____		
<input checked="" type="checkbox"/> Lectern Video Recorder Luncheon		_____		
<input checked="" type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access Dinner		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>September 19, 2024</u>		
For specific room setup, see attached design: (check one)				
<input checked="" type="checkbox"/> Yes or <u>No</u> <u>See Attached for Details</u>				

Part II - To be completed by PCTC Personnel

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	<u>8/25/25</u>	<u>Krk</u>
Billed for Services		
Referred to Board		

Responsibility Notice

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.

Mindy Hiatt
Signature (person in charge of activity)
Date: 08/25/2025

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!

Revised 07/15

Royal Blue
(in closet of arena)

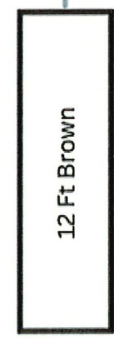
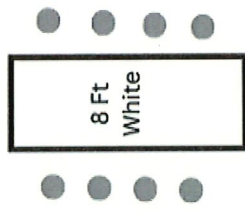
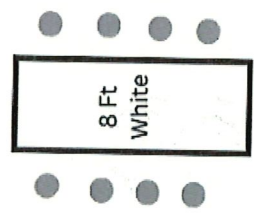
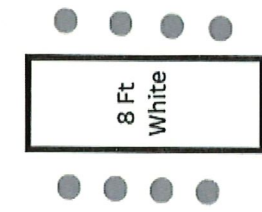
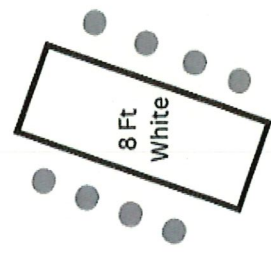
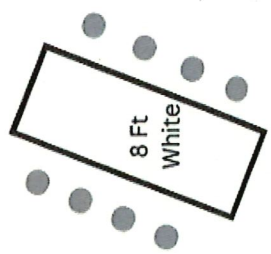
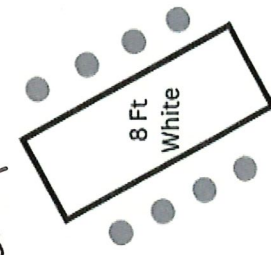
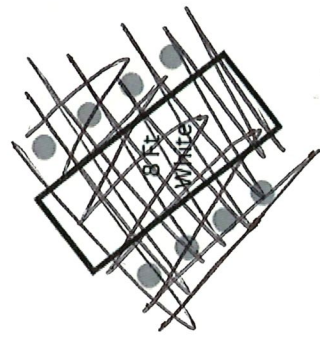
** Please put tablecloths on all tables - THANK YOU!

STAGE

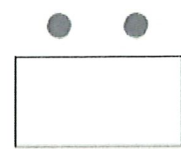
PODIUM



these don't have
to be
angled



Food Tables



Check in table

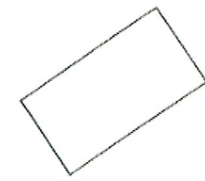


Table for coffee