

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) 3/24/26 - 3/25/26		Setup Time TUESDAY 3/24 12:30	Tear Down Time after dinner	Date Request Submitted September 29, 2025
Activity: Day(s) Wednesday				Room(s) / Area Requested: Arena
Event Time(s) 5:00 PM				
Name of Organization and Event Being Held All Board Member/Administration Dinner		Number of Persons Attending Meeting 100-200		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Mindy Hiatt		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: Ext 742101 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input checked="" type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Tables _____ Ovrd. Proj. _____ Snacks Chalkboard _____ Video Camera _____ Breakfast <input checked="" type="checkbox"/> Lectern _____ Video Recorder _____ Luncheon <input checked="" type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access <input checked="" type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u> SEE ATTACHED TBD		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			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 completion of event/activity. Any and all information on this form may be shared with the public through our publicly accessed calendar.										
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>9/30/25</td> <td>[Signature]</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	9/30/25	[Signature]	Billed for Services			Referred to Board			Signature (person in charge of activity) Date: 9/29/25
Action Taken	Date	By											
Approved and Booked	9/30/25	[Signature]											
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!