

# 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>March 26-27 May 15, 2021</u>		Setup Time <u>14:00</u>	Tear Down Time <u>10:30</u>	Date Request Submitted
Activity: Day(s) <u>27-Mar May 14 + 15, 2021</u>		lunch on the <u>10:30-done</u>		Room(s) / Area Requested:
Event Time(s) <u>7:30-10:30</u>				<b>Arena</b>
Name of Organization and Event Being Held <b>Prom</b>		Number of Persons Attending Meeting <b>400</b>		
Address <u>27 ryan road</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Meghan Niswander</u>		Business Name: <u>Hitman entertainment</u>		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>ext 42822</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <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 checked="" type="checkbox"/> Internet Access <input 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: <u>6:00 PM</u> Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

### Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers. Rental ..... Custodial Services ..... <b>yes</b> Food Services ..... Other ..... <b>Total Fee Estimate</b> ..... <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			<b>Responsibility Notice</b> 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. <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>	
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	_____ Signature (person in charge of activity) Date: _____	
Approved and Booked	<u>3/2/2021</u>	<u>WLB</u>		
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!**