

# 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>See List</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>See List</u>				<b>August 19, 2021</b>
Event Time(s) <u>See List</u>		<u>See List</u>	<u>See List</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Denise's Twirllette Recital</b>		Number of Persons Attending Meeting <b>250</b>		<b>Arena</b>
Address <b>15 Grant Dr.</b> <b>Shelby, OH 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Denise Thompson</b>		Business Name: <b>NA</b>		
Phone Numbers: Home: <b>419 571-2948</b>		Contact Person: <b>NA</b>		
Work: <b>419 571-2948</b> Cell: <b>419 571-2948</b>		Phone Number: <b>NA</b>		
PCTC Requested Services: (Identify No. Needed)		Address: <b>NA</b>		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <u>Y</u> Chairs <u>Y</u> Microphone      _____ Drinks <u>Y</u> Tables      _____ Ovrhd. Proj.      _____ Snacks _____ Chalkboard      _____ Video Camera      _____ Breakfast _____ Lectern      _____ Video Recorder      _____ Luncheon _____ Coat Racks      _____ Internet Access      _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>X</u> <b>No</b> 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>X</u> <b>No</b>		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 .....		
Food Services .....		
Other ..... <u>Microphone</u>		
<b>Total Fee Estimate</b> _____		
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>		
Action Taken	Date	By
Approved and Booked	<u>8/24/21</u>	<u>[Signature]</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.

Denise Thompson  
Signature (person in charge of activity)

Date: 8-19-21

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

**Denise's Twirlettes Recital  
2021**

**Dates - Times Pioneer Arena Needed**

Monday      October 4th                      4:30 - 8:00  
                 Chairs not needed  
                 We would like to test the sound system

Tuesday     October 5th                      4:30 - 8:00  
                 Chairs not needed

Saturday     October 9th                      7:30 - 2:00  
                 We will set up the chairs  
                 at the end of practice  
                 We will need the sound system

Sunday       October 10th                      2:00 - 7:00  
                 We will take down the chairs  
                 at end of recital  
                 We will need the sound system

Any Qurestions, contact:

Denise Thompson	Cell	419-571-2948
Andy Thompson	Work	419-933-5483
	Cell	419-571-3220