

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) <u>04/04/23 - 04/06/2023 2024</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Saturday</u>				<u>April 25, 2023</u>
Event Time(s) <u>7:00pm to 10:00pm</u>		<u>810</u>	<u>10:00 to done</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held <u>Prom</u>		Number of Persons Attending Meeting <u>TBD</u>		<u>Arena/DLTC</u>
Address <u>27 Ryan Rd</u> <u>Shelby, OH 44875</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Kerra Hines</u>		Business Name: <u>Hitman Entertainment</u>		
Phone Numbers: Home: _____		Contact Person: <u>Tony Mitchell</u>		
Work: <u>419 347-7744</u> Cell: <u>740 358-3972</u>		Phone Number: <u>(419) 522-9013</u>		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs _____ Microphone _____ Drinks <input checked="" type="checkbox"/> Tables _____ Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast _____ Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks <input checked="" type="checkbox"/> Internet Access _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: <u>5:00 PM</u> Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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		
Action Taken	Date	By
Approved and Booked	<u>5/23/23</u>	<u>KK</u>
Billed for Services		
Referred to Board		

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.

Signature (person in charge of activity)

Date: _____

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

Thank you for selecting Pioneer for your event!