

Building Utilization Request



Pioneer Career and Technology

ATTN: Director of Business
27 Ryan Road, Shelby, MS

Part I - To be completed by organization requesting building utilization

Date(s) 5/4/2026		Setup Time n/a	Tear Down Time n/a	Date Request Submitted April 17, 20
Activity: Day(s) Monday				Room(s) / Area Required DLTC
Event Time(s) 8:15-11:00 a				
Name of Organization and Event Being Held HOSA Fundraiser Kick-Off		Number of Persons Attending Meeting 60		
Address		Services to be provided by outside person(s)/vendor (i.e. caterer, photographer, etc.)		
Contact Person: Michael Millward		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: x742787 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. <input checked="" type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input checked="" 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) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input 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

Responsibility Notice

It is understood that our organization assumes full responsibility for any damage to the building or equipment.

A Security Deposit in the amount of \$ _____ is required to confirm scheduling. This will be final invoice upon satisfactory completion of event.

Any and all information on this form may be shared with the public through our publicly accessible calendar.

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	4/17/26	[Signature]
Billed for Services		
Referred to Board		

Michael J. Millward
Signature (person in charge of activity)

Date: 4/16/2026