

# Building Utilization Request



# Pioneer Career and Tech

ATTN: Director of  
27 Ryan Road, S

## Part I - To be completed by organization requesting building utilization

Date(s) <b>See Attached</b>		Setup Time <b>See Attached</b>	Tear Down Time <b>See Attached</b>	Date Request Submitted <b>August</b>
Activity: Day(s) <b>Baton Recital</b>	Room(s) / Area <b>A</b>			
Event Time(s) <b>See Attached</b>				
Name of Organization and Event Being Held <b>Denise Thompson Twirlettes</b>		Number of Persons Attending Meeting <b>250</b>		
Address <b>15 Grant Drive Shelby, Ohio 44875</b>		Services to be provided by outside person(s) (i.e. caterer, photographer, etc.)		
Contact Person: <b>, Andy Thompson</b>		Business Name: <b>None</b>		
Phone Numbers: Home: <b>419 571-5948</b>		Contact Person: _____		
Work: <b>419 571-3220</b> Cell: <b>419 571-3220</b>		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input 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 type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see at (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup: <b>See attached</b>		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Other/Specify: _____ _____ _____		
		Date of contact with Cafeteria/Culinary Arts 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 .....

**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**

## Responsibility Notice

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

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

**Any and all information on this form may be made available to the public through our publicly accessed website.**

Action Taken	Date	By
Approved and Booked	8/23/23	KWK
Billed for Services		
Referred to Board		

Signature (person in charge of account): \_\_\_\_\_

Date: \_\_\_\_\_

**Denise's Twirlettes Recital  
2023**

Denise Thompson  
15 Grant Drive  
Shelby, Ohio 44875  
Phone: 419-571-2948  
Andy Thompson's Phone: 419-571-3220

Use Of Pioneer's Arena

Pioneer Contact                      Karen Donahue  
[Donahue.karen@pioneerctc.edu](mailto:Donahue.karen@pioneerctc.edu)

Monday	Oct. 2nd	4:00 - 8:00
Monday	Oct. 9th	4:00 - 8:00
Tuesday	Oct. 10th	4:00 - 8:30
Saturday	Oct. 14th	8:00 am - 3:00
Sunday	Oct. 15th	2:00 - 8:00