

**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>10/9/24; 12/11/24; 3/5/25; 4/9/25</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Wednesdays</u>				<u>September 30, 2024</u>
Event Time(s) <u>7:30 am - 11 am</u>		<u>7:00 AM</u>	<u>11:30 AM</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Business Advisory Council Meetings 2024-25</b>		Number of Persons Attending Meeting <b>35-45</b>		<b>ARENA</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Mindy Hiatt</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>42101</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Tablecloths for tables <input checked="" type="checkbox"/> Café OR		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u>		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Chairs <u>Microphone</u> <u>Drinks</u>		Other/Specify: _____		
<input checked="" type="checkbox"/> Tables <u>Ovrhd. Proj.</u> <u>Snacks</u>		_____		
<u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u>		_____		
<u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u>		_____		
<u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>		_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>September 19, 2024</u>		
<u>Yes</u> or <u>No</u> See Attached for Details				

**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**

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.**

*Mindy Hiatt*  
Signature (person in charge of activity)

Date: 9/30/24

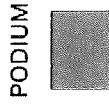
Action Taken	Date	By
Approved and Booked	<u>9/30/24</u>	<u>MH</u>
Billed for Services		
Referred to Board		

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!**

\*\* Please put tablecloths on all tables - THANK YOU!

STAGE



Check in table

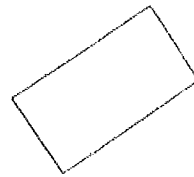
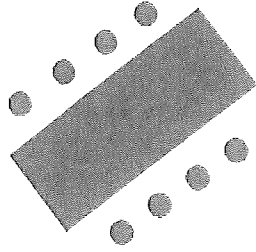
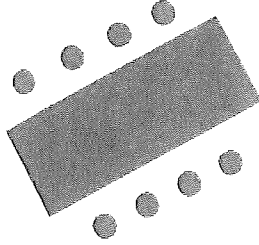
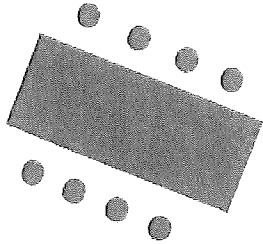
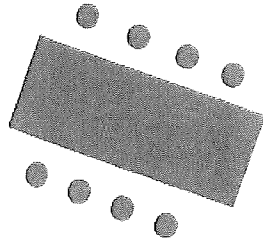
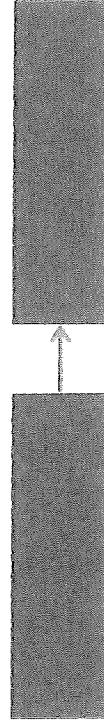
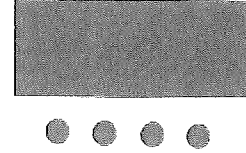
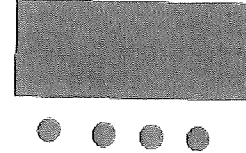
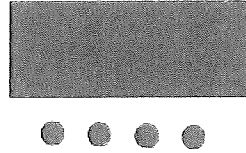


Table for coffee



Food Tables