

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>11/20/2024</u> Activity: Day(s) <u>Wednesday</u> Event Time(s) <u>6:00 pm</u>	Setup Time <u>1:00 PM</u>	Tear Down Time <u>9:00 PM</u>	Date Request Submitted <u>September 24, 2024</u> Room(s) / Area Requested: <u>Cafeteria</u>
Name of Organization and Event Being Held Ralph Phillips Bus. Partner of the Year/Distinguished Alumni Dinner		Number of Persons Attending Meeting 80-100	
Address _____ Contact Person: <u>Mindy Hiatt</u> Phone Numbers: Home: _____ Work: <u>42101</u> Cell: _____		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____ If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event <u>September 24, 2024</u>	
PCTC Requested Services: (Identify No. Needed) _____ <u>Café</u> OR _____ Room Setup Electronic <u>X</u> Culinary Arts <u>x</u> Chairs <u>x</u> Microphone _____ Drinks <u>x</u> Tables _____ Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast _____ Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks _____ Internet Access <u>x</u> Dinner For specific room setup, see attached design: (check one) <u>X</u> Yes or _____ No <u>(See Back)</u>			

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.

 Signature (person in charge of activity)
 Date: 9/24/24

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.

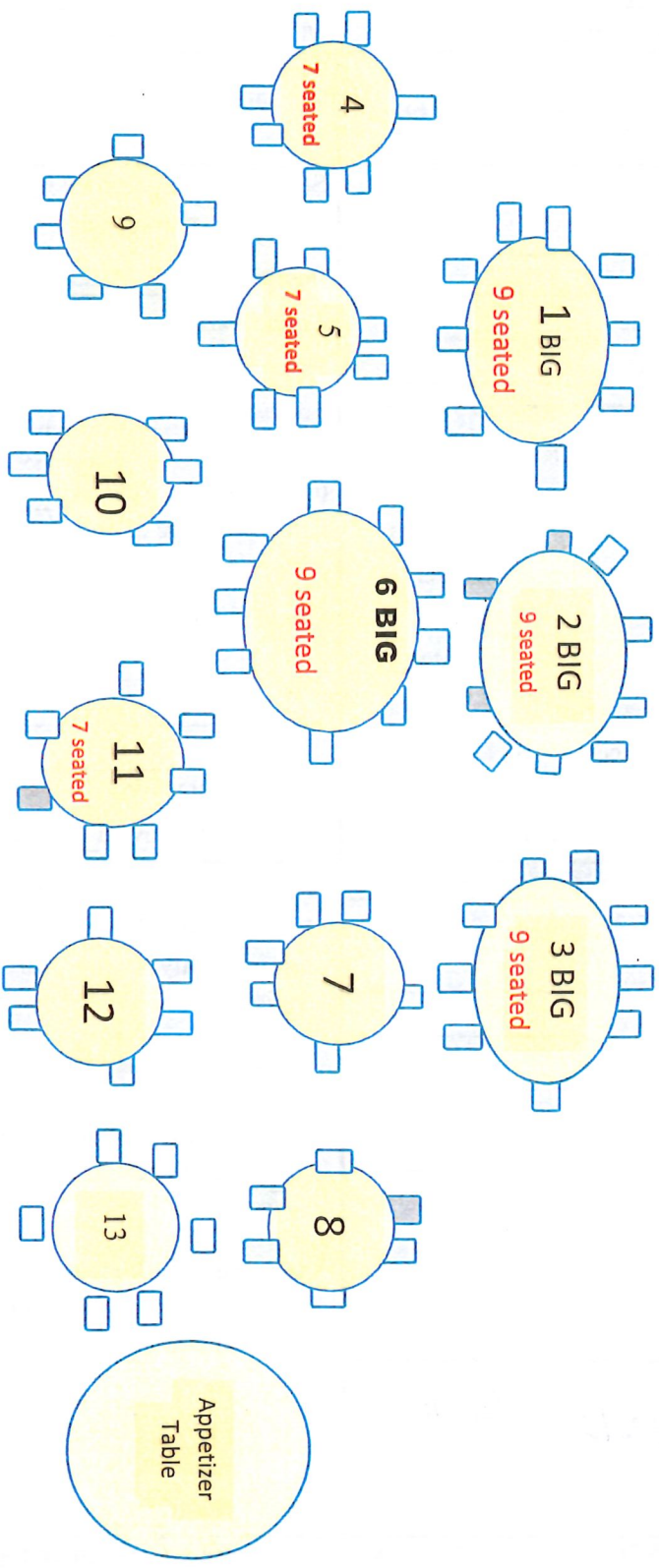
Thank you for selecting Pioneer for your event!

Awards Table

RALPH PHILLIPS BUSINESS PARTNER OF
THE YEAR / DISTINGUISHED ALUMNI

2023 DINNER
2024

ext-mgr
★ Tentative



ENTRANCE

