

# 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) <b>December 20, 2024</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Friday</b>				<b>October 25, 2024</b>
Event Time(s) <b>7:30 - 9:00</b>		<b>7:00 AM</b>	<b>9:30 AM</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Christmas Gala hosted by Pioneer Board of Education staff for staff and retirees</b>		Number of Persons Attending Meeting		<b>Pioneer Room</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Mindy Hiatt</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work <b>42101</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café OR		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input checked="" type="checkbox"/> Culinary Arts		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input checked="" type="checkbox"/> Drinks		Other/Specify: _____		
<input checked="" 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		_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event <b>TBD - Per Greg</b>		
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No <i>Set up like previous years</i> <i>Indiv. Tables of 4</i>				

## 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	10/25/24	K/K
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.**

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

Date: 10/25/2024

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!