

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>3/24/25 - 3/25/25</u>		Setup Time <u>Tues 25</u> <u>3/24/25</u>	Tear Down Time <u>after dinner</u>	Date Request Submitted October 28, 2024
Activity: Day(s) <u>Wednesday</u>		Event Time(s) 5:00 PM		Room(s) / Area Requested: Arena
Name of Organization and Event Being Held All Board Member/Administration dinner		Number of Persons Attending Meeting 100-200		
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: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Electronic</u> <input checked="" type="checkbox"/> <u>Culinary Arts</u> <input checked="" type="checkbox"/> <u>Chairs</u> <input checked="" type="checkbox"/> <u>Microphone</u> _____ <u>Drinks</u> <input checked="" type="checkbox"/> <u>Tables</u> _____ <u>Ovrhd. Proj.</u> _____ <u>Snacks</u> <input type="checkbox"/> <u>Chalkboard</u> _____ <u>Video Camera</u> _____ <u>Breakfast</u> <input type="checkbox"/> <u>Lectern</u> _____ <u>Video Recorder</u> _____ <u>Luncheon</u> <input checked="" type="checkbox"/> <u>Coat Racks</u> _____ <u>Internet Access</u> <input checked="" type="checkbox"/> <u>Dinner</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u> <u>TBD - Will provide closer to date</u>		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: <u>Arena set up will be Tuesday, March 25. Event is Wednesday, March 26. Appetizers from 5-6; Dinner starting at 6 Podium needed as well. (Tables & linens rented)</u>		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event <u>10/28/24</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

Action Taken	Date	By
Approved and Booked	<u>10/28/24</u>	<u>Krk</u>
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: 10/28/24

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!