

Everyone  
w/ staff, CS 11/12/24ko

**Pioneer Career and Technology Center**

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

**Request**



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

Date(s) <b>3/17 (practice) to 3/18</b>		Set Up Time <b>8am - 2 pm</b>	Tear Down Time <b>3/18/25 PM</b>	Date Request Submitted <b>September 11, 2023</b>
Activity: Day(s) <b>Monday to Tuesday</b>				Room(s) / Area Requested: <b>Arena</b>
Event Time(s) <b>6:00 PM</b>		Name of Organization and Event Being Held <b>NTHS Induction ceremony and practice</b>		
Address <b>Pioneer</b>		Number of Persons Attending Meeting <b>50-60</b>		
Contact Person: <b>Vickie Hunt</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____		Business Name: _____		
Work: _____ Cell: _____		Contact Person: _____		
PCTC Requested Services: (Identify No. Needed)		Phone Number: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Culinary Arts</u>		Address: _____		
<input type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input type="checkbox"/> Drinks <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 checked="" 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 attached: (check <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No)		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Estimated time of arrival at Pioneer for setup/delivery: _____		
		Other/Specify: <b>Diagram attached- Risers on stage</b>		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

**Part II - To be completed by PCTC Personnel**

**Responsibility Notice**

Estimate Calculation of Fees: Attach any pertinent papers

Rental .....	<b>\$0.00</b>
Custodial Services .....	<b>0.00</b>
Food Services .....	<b>0.00</b>
Other .....	
<b>Total Fee Estimate</b>	<b>\$0.00</b>

**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.**

Action Taken	Date	By
Approved and Booked	11/8/24	V Hunt
Billed for Services		
Referred to Board		

Signature (person in charge of activity)  
*V Hunt*

Date: 11-6-24

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!**

Wooden Stage Boxes  
with 2 rows of black  
chairs

Flag  
stand



Side Table for awards and  
gifts

Candle Table

Podium

ARENA STAGE

Flag  
stand



4 black chairs  
Superintendent, Director,  
Supervisor, Advisor

75 chairs  
(curved rows)

75 chairs

Refreshment  
Table

Refreshment  
Table