

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) December 16, 2024	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Monday	1:00 PM	8:00 PM	December 9, 2024
Event Time(s) 6 pm to 8 pm			Room(s) / Area Requested:
Name of Organization and Event Being Held Board of Education Meeting and Holiday Dinner		Number of Persons Attending Meeting 25	Pioneer Room
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Mindy Hiatt		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work 42101 Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input checked="" type="checkbox"/> Culinary Arts		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Chairs _____ Microphone <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables _____ Ovrhd. Proj. _____ Snacks		Estimated time of arrival at Pioneer for setup/delivery: _____	
<input type="checkbox"/> Chalkboard _____ Video Camera _____ Breakfast <input type="checkbox"/> Lectern _____ Video Recorder _____ Luncheon		Other/Specify: _____	
<input checked="" type="checkbox"/> Coat Racks _____ Internet Access _____ Dinner		_____	
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event TBD - Per Greg	
<input type="checkbox"/> Yes or <input type="checkbox"/> No			

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	12/19/24	MHC
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)

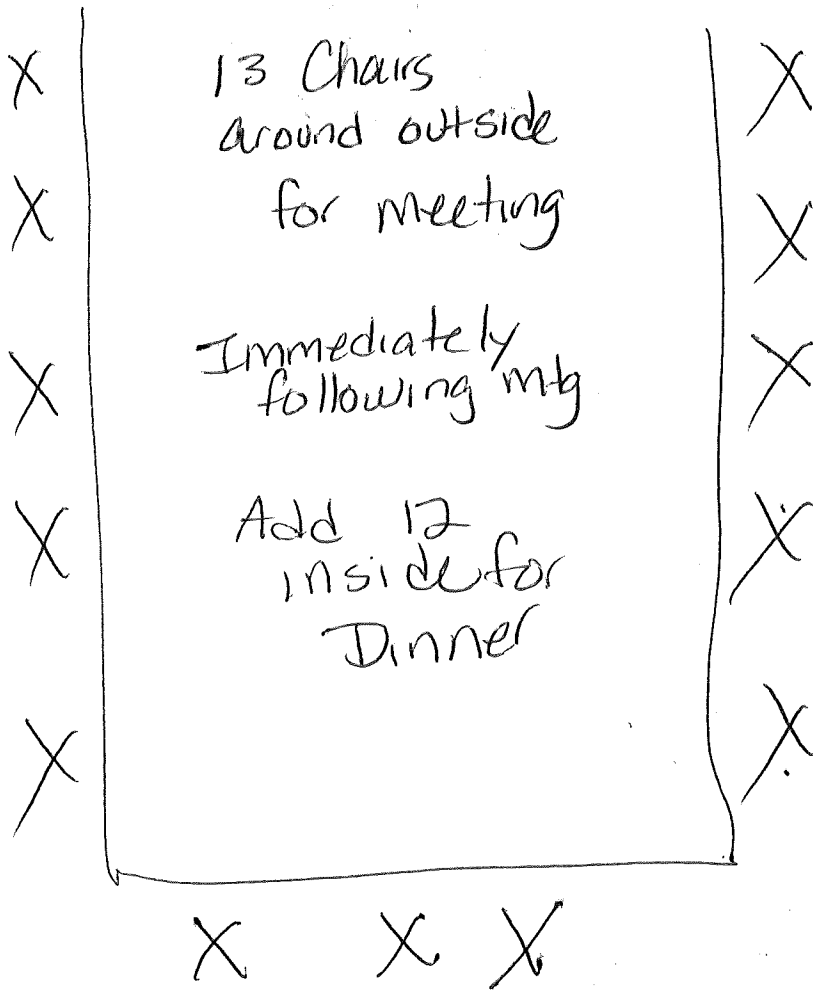
Date: 12/09/2024

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!

Windows
- Screen -

Chairs on outside for mtg



13- for meeting
Need total of 25 for dinner