

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) 5/28/25	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Wednesday			December 12, 2024
Event Time(s) 9 am - 12 pm	8:00 AM	2:00 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held Strategic Planning Core Team Meeting	Number of Persons Attending Meeting TBD		Community 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: _____	
Tablecloths for tables _____ <u>Café</u> OR		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
Room Setup <u>Electronic</u> _____ <u>Culinary Arts</u>		Estimated time of arrival at Pioneer for setup/delivery: _____	
<input checked="" type="checkbox"/> Chairs _____ Microphone _____ Drinks _____		Other/Specify: _____	
<input checked="" type="checkbox"/> Tables _____ Ovrhd. Proj. _____ Snacks _____		_____	
_____ Chalkboard _____ Video Camera _____ Breakfast _____		_____	
_____ Lectern _____ Video Recorder _____ Luncheon _____		_____	
_____ 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: _____	
<u>Yes</u> or <u>No</u> TBD			

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.

Action Taken	Date	By
Approved and Booked	12/12/24	1/10 K
Billed for Services		
Referred to Board		

Mindy Hiatt
Signature (person in charge of activity)
Date: **12/12/24**

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!