

# 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>1/22/2025</u>		Set Up Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Wednesday</u>				<u>December 26, 2024</u>
Event Time(s) <u>6:00 PM</u>		<u>1:00 PM</u>	<u>After Mtg</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held <u>January Organizational and Board of Ed Mtgs</u>		Number of Persons Attending Meeting <u>20</u>		<u>Board of Education Conference Room</u>
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 type="checkbox"/> <u>Culinary Arts</u>		attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		
<input checked="" type="checkbox"/> Chairs <input 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 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		Estimated time of arrival at Pioneer for setup/delivery: _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		Other/Specify: _____		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event <u>1/10/2024 I will contact Jasor</u>		

## Part II - To be completed by PCTC Personnel

## Responsibility Notice

Estimate Calculation of Fees: Attach any pertinent paper Rental..... Custodial Services..... Food Services..... Other ..... <b>Total Fee Estimate</b>			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.											
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			<b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>											
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td><u>OK</u></td> <td><u>12/26/24</u></td> <td><u>Kulc</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Action Taken	Date	By	<u>OK</u>	<u>12/26/24</u>	<u>Kulc</u>							Signature (person in charge of activity) <u>Mindy Hiatt</u> Date: <u>12/26/24</u>	
Action Taken	Date	By												
<u>OK</u>	<u>12/26/24</u>	<u>Kulc</u>												

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!