

**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>2/17/25; 3/17; 4/21; 5/19; 6/16; 7/21; 8/18; 9/15; 10/20; 11/17; 12/15/2025</u> Activity: Day(s) <u>Monday</u> Event Time(s) <u>6:00 PM</u>	Set Up Time <u>1:00 PM</u> Tear Down Time <u>After Mtg</u>	Date Request Submitted <u>January 24, 2025</u> Room(s) / Area Requested: <u>Board of Education Conference Room</u>
Name of Organization and Event Being Held <u>2025 Monthly Board of Education Meetings (Feb - Dec)</u>		Number of Persons Attending Meeting <u>20</u>
Address Contact Person: <u>Mindy Hiatt</u> Phone Numbers: Home: _____ Work <u>42101</u> Cell: _____		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____ If specific room setup/delivery needs are required, see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____
PCTC Requested Services: (Identify No. Needed) Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs      _____ Microphone      _____ Drinks <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) <u>Yes</u> or <u>X No</u>		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 paper Rental ..... Custodial Services..... Food Services..... Other ..... <b>Total Fee Estimate</b> ..... Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</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.  Any and all information on this form may be shared with the public through our publicly accessed calendar.												
<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>1/27/25</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>1/27/25</u>	<u>Kulc</u>							Signature (person in charge of activity) <u>Mindy Hiatt</u> Date: <u>1/24/25</u>
Action Taken	Date	By											
<u>OK</u>	<u>1/27/25</u>	<u>Kulc</u>											