

# Building Utilization Request



## Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 4487

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

Date(s) <u>5/19 &amp; 5/20</u>		Set up:	Tear down	Date Request Submitted															
Activity: Day(s) <u>2 days; Monday &amp; Tuesdays</u>				<u>May 6, 2025</u>															
Event Time(s) <u>8am- 4pm</u>		<u>7:45</u>	<u>16:00</u>	Room(s) / Area Requested:															
Name of Organization and Event Being Held <b>The Beauty Industry Group: Babe Hair Extension Training/Certification</b>		Number of Persons Attending Meeting <b>5</b>		<b>Community Room</b>															
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																	
Contact Person: <u>Nicole Harding</u>		Business Name: <u>Beauty Industry Group</u>																	
Phone Numbers: Home: _____		Contact Person: <u>Erika Cuevas</u>																	
Work: <u>347-747-7744</u> Cell: <u>634-419-651</u>		Phone Number: <u>747-228-2333</u>																	
PCTC Requested Services: (Identify No. Needed)		Address: _____																	
<table border="0"> <tr> <td><u>5</u> Chairs</td> <td><u>3</u> Tables</td> <td><u>1</u> Chalkboard</td> <td><u>1</u> Lectern</td> <td><u>1</u> Coat Racks</td> </tr> <tr> <td><u>1</u> Microphone</td> <td><u>1</u> Ovrhd. Proj.</td> <td><u>1</u> Video Camera</td> <td><u>1</u> Video Recorder</td> <td><u>1</u> Internet Access</td> </tr> <tr> <td><u>1</u> Drinks</td> <td><u>1</u> Snacks</td> <td><u>1</u> Breakfast</td> <td><u>1</u> Luncheon</td> <td><u>1</u> Dinner</td> </tr> </table>		<u>5</u> Chairs	<u>3</u> Tables	<u>1</u> Chalkboard	<u>1</u> Lectern	<u>1</u> Coat Racks	<u>1</u> Microphone	<u>1</u> Ovrhd. Proj.	<u>1</u> Video Camera	<u>1</u> Video Recorder	<u>1</u> Internet Access	<u>1</u> Drinks	<u>1</u> Snacks	<u>1</u> Breakfast	<u>1</u> Luncheon	<u>1</u> Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>X</u> <b>No</b> Estimated time of arrival at Pioneer for setup/delivery: <u>7:45 AM</u> Other/Specify: _____ _____ _____ _____ _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>X</u> <b>No</b>																			

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

Estimate Calculation of Fees: Attach any pertinent papers.		
Rental .....	_____	
Custodial Services .....	_____	
Food Services .....	_____	
Other .....	_____	
<b>Total Fee Estimate</b>	<b>\$0.00</b>	
<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>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	<u>5/1/25</u>	<u>NH</u>
Billed for Services		
Referred to Board		

### Responsibility Notice

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.**

Nicole Harding  
Signature (person in charge of activity)  
Date: 5/6/25

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

**Thank you for selecting Pioneer for your event!**