

Building Utilization Request



Pioneer Career and Technology Cen

ATTN: Director of Business Aff
27 Ryan Road, Shelby, OH 44

Part I - To be completed by organization requesting building utilization

Date(s) 4/9/26-4/11/26		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thurs-Sat		All day	10:PM	June 2, 2025
Event Time(s) All Day				Room(s) / Area Requested:
Name of Organization and Event Being Held Prom		Number of Persons Attending Meeting TBD		Arena and DLTC
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____		Business Name: Hitman Entertainment		
Phone Numbers: Home: _____		Contact Person: Tony Malec		
Work: 419 347-7744 Cell: _____		Phone Number: 73 Wolfe Ave Mansfield, Oh 44907		
PCTC Requested Services: (Identify No. Needed)		Address: 419-522-9013		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Culinary Arts <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 checked="" type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: 5:30 p.m. on 3/30/19 Both DJ and Photobooth Other/Specify: Supersound DJ & Photobooth Rental 2592 Niver Road Willard, Oh 44890 567-224-0643		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers.		
Rental		
Custodial Services		150.00
Food Services		Security \$120
Other		DJ \$500 PB \$375
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	6/3/25	[Signature]

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.

[Signature: Laurie Dussan]

Prom 4/11/26