

# 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) <b>3/20/24 - 3/21/24</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Thursday</b>				<b>October 13, 2023</b>
Event Time(s) <b>5:00 PM</b>		<b>12:30 PM</b>	<b>after dinner</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>All Board Member /Administration dinner</b>		Number of Persons Attending Meeting <b>100-200</b>		<b>Arena</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Mindy Owen</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>ext. 42101</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone     _____ Drinks <input checked="" type="checkbox"/> Tables     _____ Ovrhd. Proj.     _____ Snacks <input type="checkbox"/> Chalkboard     _____ Video Camera     _____ Breakfast <input type="checkbox"/> Lectern     _____ Video Recorder     _____ Luncheon <input checked="" type="checkbox"/> Coat Racks     _____ Internet Access <input checked="" type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <b>Arena Set up will be Wednesday</b> <b>March 20. Event is Thursday March 21</b> <b>Appetizers from 5-6; Dinner starting at 6</b> <b>Podium Needed as well</b>		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <b>September 30, 2022</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>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	<b>10/13/23</b>	
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.**

Signature (person in charge of activity)

Date: **10/13/2023**

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!**

Revised 07/15