

Part I - To be completed by organization requesting building utilization

Date(s) April 23 & 25	Setup Time 8:00	Tear Down Time 14:30	Date Request Submitted April 5, 2024
Activity: Day(s) Tuesday & Thursday			Room(s) / Area Requested: Pioneer Room
Event Time(s) 10:30 - 2:00			
Name of Organization and Event Being Held City/Shelby Foundation - Strategic Planning Sessions		Number of Persons Attending Meeting 15 - 20	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Mindy Owen		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: 42101 Cell: _____		Phone Number: _____	
Address: _____		Address: _____	
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) Yes or No	
<u>Café</u> OR <u>Culinary Arts</u>		Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>Room Setup</u>	<u>Electronic</u>	Other/Specify: _____	
<input checked="" type="checkbox"/> Chairs	_____ Microphone	_____	
<input checked="" type="checkbox"/> Tables	_____ Ovrhd. Proj.	_____	
_____ Chalkboard	_____ Video Camera	_____	
_____ Lectern	_____ Video Recorder	_____	
_____ Coat Racks	_____ Internet Access	_____	
_____ Drinks	_____ Snacks	_____	
_____ Breakfast	_____ Luncheon	_____	
_____ Dinner		_____	
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: CULINARY to provide lunch	
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No TBD			

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers.			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.
Rental	_____		
Custodial Services	_____		
Food Services	_____		
Other	_____		
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	4/19/24	KMK	
Billed for Services			
Referred to Board			
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.			Signature (person in charge of activity) Mindy Owen Date: 04/05/2024

Thank you for selecting Pioneer for your event!

Revised 07/15