

# Building Utilization Request



# Pioneer Career and Tech

ATTN: Director of  
27 Ryan Road, S

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

Date(s) <u>9/30 10/7 10/8 10/12 10/13</u>		Setup Time	Tear Down Time	Date Requested <u>9/03/24</u>
Activity: Day(s) <u>Mon. Mon Tues Sat Sun</u>				Room(s) / Area
Event Time(s) <u>4:30-7:30 4:30-8 8-3 2-7</u>				<u>Arena</u>
Name of Organization and Event Being Held <u>Denise's Twirlettes Baton Recital</u>			Number of Persons Attending Meeting <u>200</u>	
Address <u>15 Grant Drive Shelby Ohio 44875</u>			Services to be provided by outside person(s)/ (i.e. caterer, photographer, etc.)	
Contact Person: <u>Denise Thompson</u>			Business Name: <u>N/A</u>	
Phone Numbers: (Husband) Home: <u>419 571-3220</u>			Contact Person:	
Work: _____ Cell: <u>419 571-2948</u>			Phone Number:	
PCTC Requested Services: (Identify No. Needed)			Address: _____	
<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 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 type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Dinner <input checked="" type="checkbox"/> sound system			If specific hookup/utility needs are required see at (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	
For specific room setup, see attached design: (check one)			Estimated time of arrival at Pioneer for setup/	
<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No			Other/Specify: _____	
			Date of contact with Cafeteria/Culinary Arts if used for this event: _____	

## Part II - To be completed by PCTC Personnel

**Responsibility Notice**

It is understood that our organization assumes responsibility for any damage to the building.

A Security Deposit in the amount of \_\_\_\_\_ is required to confirm scheduling. This will be returned in final invoice upon satisfactory completion of event.

**Any and all information on this form may be made public through our publicly accessed website.**

Signature (person in charge of activity): Denise Thompson

Date: 9/10/24

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	<u>9/11/24</u>	<u>KWK</u>
Billed for Services		
Referred to Board		

It is the policy of Pioneer Career & Technology Center to use these

Thank you for selecting Pioneer for

**nology Center  
f Business Affairs  
Shelby, OH 44875**

Submitted

Requested:

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vendors

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Attached:

Delivery:

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Services

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Includes full  
equipment.

\$ \_\_\_\_\_  
To be applied to  
event/activity.

May be shared with  
calendar.

Activity)

your event!