

JS

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) <u>4/10/25 (set up) - 4/12/25 (prom)</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Saturday 4/12/25</u>				<u>June 4, 2024</u>
Event Time(s) <u>7pm-10pm</u>		<u>8:15 a.m.</u>	<u>10:00 PM</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held Prom		Number of Persons Attending Meeting 190		Arena/DLTC
Address <u>27 Ryan Road</u> <u>Shelby OH 44875</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Jolene Young</u>		Business Name: <u>Hitman Entertainment</u>		
Phone Numbers: Home: _____		Contact Person: <u>Tony Mitchell</u>		
Work: <u>Ext. 42203</u> Cell: <u>419 631-5224</u>		Phone Number: <u>419-522-9013</u>		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u> <input checked="" type="checkbox"/> <u>Chairs</u> <input type="checkbox"/> <u>Microphone</u> <input type="checkbox"/> <u>Drinks</u> <input checked="" type="checkbox"/> <u>Tables</u> <input type="checkbox"/> <u>Ovrhd. Proj.</u> <input type="checkbox"/> <u>Snacks</u> <input type="checkbox"/> <u>Chalkboard</u> <input type="checkbox"/> <u>Video Camera</u> <input type="checkbox"/> <u>Breakfast</u> <input type="checkbox"/> <u>Lectern</u> <input type="checkbox"/> <u>Video Recorder</u> <input type="checkbox"/> <u>Luncheon</u> <input type="checkbox"/> <u>Coat Racks</u> <input checked="" type="checkbox"/> <u>Internet Access</u> <input type="checkbox"/> <u>Dinner</u>		If specific hookup/utility needs are required see attached: (check one) <input checked="" type="checkbox"/> <u>Yes</u> or <input type="checkbox"/> <u>No</u>		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> <u>Yes</u> or <input type="checkbox"/> <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery: <u>5:00 PM</u>		
		Other/Specify: <u>Photo Booth Rental - Raymond Curtis</u> <u>567-224-0643 - Set up around 5:54-6:00 pm. *Will ne</u> <u>1 table to set props on.</u> <u>*Please set-up stage for the DJ/Tony Mitchell</u>		
		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 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			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.	
Action Taken	Date	By	 Signature (person in charge of activity) Date: <u>6/4/24</u>	
Approved and Booked	<u>6/20/24</u>	<u>JK</u>		
Billed for Services				
Referred to Board				