

# 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>1/21/2026, 3/18/2026</u>	Setup Time	Tear Down Time	Date Request Submitted																				
Activity: Day(s) _____			<u>July 28, 2025</u>																				
Event Time(s) <u>8:30 - 10:00</u>	<u>8:00</u>	<u>10:00</u>	Room(s) / Area Requested:																				
Name of Organization and Event Being Held <b>Pioneer Partner School Counselor Meeting</b>	Number of Persons Attending Meeting <b>25</b>	<b>Pioneer Room</b>																					
Address <u>27 Ryan Rd, Shelby OH 44875</u>	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																						
Contact Person: <u>Dan Burtcher</u>	Business Name: _____																						
Phone Numbers: Home: _____	Contact Person: _____																						
Work: <u>42252</u> Cell: <u>419 6312147</u>	Phone Number: _____																						
PCTC Requested Services: (Identify No. Needed)  <table><tr><td><u>x</u> Café</td><td>OR</td></tr><tr><td><u>Room Setup</u></td><td><u>Electronic</u></td><td><u>Culinary Arts</u></td></tr><tr><td><u>Chairs</u></td><td><u>Microphone</u></td><td><u>Drinks</u></td></tr><tr><td><u>Tables</u></td><td><u>Ovrhd. Proj.</u></td><td><u>Snacks</u></td></tr><tr><td><u>Chalkboard</u></td><td><u>Video Camera</u></td><td><u>x</u> Breakfast</td></tr><tr><td><u>Lectern</u></td><td><u>Video Recorder</u></td><td><u>Luncheon</u></td></tr><tr><td><u>Coat Racks</u></td><td><u>Internet Access</u></td><td><u>Dinner</u></td></tr></table>	<u>x</u> Café	OR	<u>Room Setup</u>	<u>Electronic</u>	<u>Culinary Arts</u>	<u>Chairs</u>	<u>Microphone</u>	<u>Drinks</u>	<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Snacks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>x</u> Breakfast	<u>Lectern</u>	<u>Video Recorder</u>	<u>Luncheon</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Dinner</u>	Address: _____		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>			If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>																				
			Estimated time of arrival at Pioneer for setup/delivery: _____																				
			Other/Specify: _____																				
			Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																				

### Part II - To be completed by PCTC Personnel

### Responsibility Notice

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**

Action Taken	Date	By
Approved and Booked	<u>7/18/25</u>	<u>KK</u>
Billed for Services		
Referred to Board		

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: 7/25/25

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