

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) 12/3/25-1/6/26		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Weekdays				September 9, 2025
Event Time(s) 8:10-2:25				Room(s) / Area Requested:
Name of Organization and Event Being Held OST Testing		Number of Persons Attending Meeting DLTC - 50 & 25 - Comm Room		DLTC & Community Room-aware of conflicts on 12/5 & 12/12
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Beth Heinlen		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		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 25 Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks 13 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 type="checkbox"/> Internet Access <input 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: _____ _____ _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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			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	
Approved and Booked	9/10/25	KWK	
Billed for Services			
Referred to Board			

Signature (person in charge of activity)

Date: 9/9/25

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

Thank you for selecting Pioneer for your event!