

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) 3/10/2026		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Tuesday				September 23, 2025
Event Time(s) 11:30 AM		By 8:00 am	After event (2:00 pm)	Room(s) / Area Requested:
Name of Organization and Event Being Held Mansfield Rotary Visit and Lunch		Number of Persons Attending Meeting 30-50		Community Room AND Arena If over 50 people it will need to be in the Arena
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Mindy Hiatt		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 742101 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed) <i>tablecloths please</i> <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks		Other/Specify: _____		
<input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast		_____		
<input checked="" type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input checked="" type="checkbox"/> Luncheon		_____		
<input type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		_____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <i>See Back</i>		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.			<p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>A Security Deposit in the amount of \$ _____ is required to confirm scheduling. This will be applied to final invoice upon satisfactory completion of event/activity.</p> <p>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p>
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	<i>9/23/25</i>	<i>HK</i>	<i>Mindy Hiatt</i>
Billed for Services			Signature (person in charge of activity)
Referred to Board			Date: <i>9/23/25</i>

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.

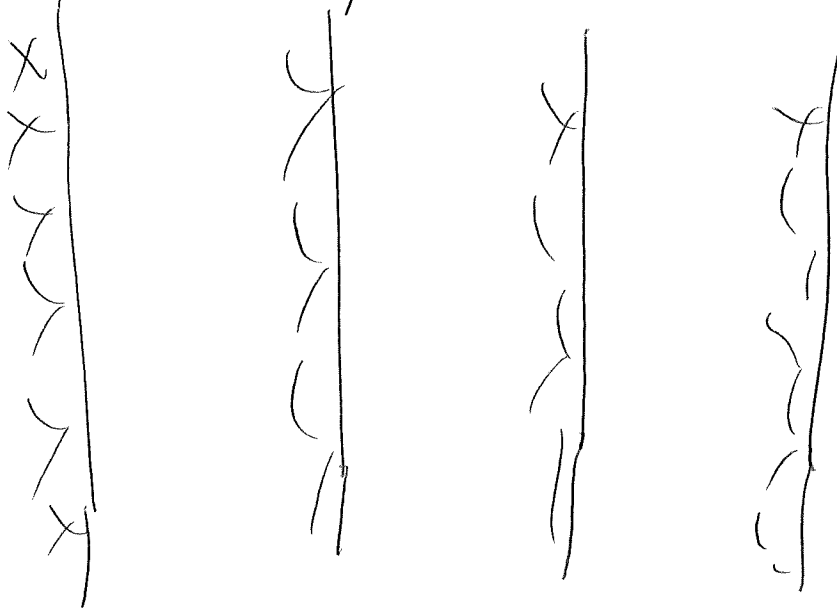
Thank you for selecting Pioneer for your event!

Revised 07/1

Community Rm

As many Rows as needed to
seat 30-50 people - facing the front only
tablecloths please

Counters



Door

Arena

Tables & Chairs in Rows
to seat guests (# TBD)