

# 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>10/22/25</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>1 day</u>		<u>2:25</u>	<u>3:30</u>	<u>10/13/25</u>
Event Time(s) <u>2:30 - 3:30</u>		Room(s) / Area Requested:		
Name of Organization and Event Being Held <u>Planting Seeds</u>		Number of Persons Attending Meeting <u>20</u>		<u>W162</u>
Address <u>Pioneer CTC #W162</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Ellie Beach</u>		Business Name: <u>N/A</u>		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: <u>419 610 9181</u>		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed) <u>N/A</u>		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Electronic <input type="checkbox"/> Room Setup <input type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks <input type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input type="checkbox"/> Video Recorder <input type="checkbox"/> Internet Access <input type="checkbox"/> Drinks <input type="checkbox"/> Snacks <input type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <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

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>10/13/25</u>	<u>EB</u>
Billed for Services		
Referred to Board		

## 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.**

Ellie Beach  
Signature (person in charge of activity)

Date: \_\_\_\_\_

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