

# Building Utilization Request



## Pioneer Career and Technology Center

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

### Part I - To be completed by organization requesting building utilization

Date(s) <b>12/16/2025</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>1</b>				<b>November 11, 2025</b>
Event Time(s) <b>2:30 PM - 3:30 PM</b>		Room(s) / Area Requested:		
Name of Organization and Event Being Held <b>Professional Development</b>		Number of Persons Attending Meeting <b>20-30</b>		<b>Pioneer Room</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Meg Mergel</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>419</b> <b>347-7744 ext 42511</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrd. 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 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 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 .....	_____	
<b>Total Fee Estimate</b> _____		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	11/12/25	[Signature]
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.**

[Signature]  
Signature (person in charge of activity)

Date: 11/11/25

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!**