

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) 12/2/2025	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) 12/3	2:30		November 24, 2025
Event Time(s)	3:00 on 12/2	4:00 on 12/3	Room(s) / Area Requested:
Name of Organization and Event Being Held Pioneer Special Ed Partner PD		Number of Persons Attending Meeting 50	Community Room
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Jennifer Magers		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: _____ Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs _____ Microphone _____ Drinks <input checked="" type="checkbox"/> Tables _____ Ovrhd. Proj. _____ Snacks _____ Chalkboard _____ Video Camera _____ Breakfast _____ Lectern _____ Video Recorder _____ Luncheon _____ Coat Racks _____ Internet Access _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> 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) <u>Yes</u> or <u>No</u>		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		
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: **11/24/25**

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!