

\*Morgan is aware of OST conflict and willing to relocate if necessary

12/1

## Building Utilization Request



## Pioneer Career and Technology Centre

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

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

Date(s) <u>12/18/2025</u>	Setup Time <u>10:30</u>	Tear Down Time <u>12:15</u>	Date Request Submitted <u>12/3/2025</u>																			
Activity: Day(s) <u>1</u>																						
Event Time(s) <u>10:30 - 12:15</u>			Room(s) / Area Requested: <u>DLTC</u>																			
Name of Organization and Event Being Held <u>NCSC</u>	Number of Persons Attending Meeting <u>50</u>																					
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: <u>M. Schumacher</u>		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: <u>419 347-7744</u> Cell: _____		Phone Number: _____																				
Address: _____		Address: _____																				
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>																				
<table border="0"><tr><td><u>Café</u> OR</td><td></td></tr><tr><td><u>Room Setup</u></td><td><u>Culinary Arts</u></td></tr><tr><td><u>Chairs</u></td><td><u>Microphone</u></td><td><u>Drinks</u></td></tr><tr><td><u>Tables</u></td><td><u>Ovrhd. Proj.</u></td><td><u>Snacks</u></td></tr><tr><td><u>Chalkboard</u></td><td><u>Video Camera</u></td><td><u>Breakfast</u></td></tr><tr><td><u>Lectern</u></td><td><u>Video Recorder</u></td><td><u>Luncheon</u></td></tr><tr><td><u>Coat Racks</u></td><td><u>Internet Access</u></td><td><u>Dinner</u></td></tr></table>		<u>Café</u> OR		<u>Room Setup</u>	<u>Culinary Arts</u>	<u>Chairs</u>	<u>Microphone</u>	<u>Drinks</u>	<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Snacks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Breakfast</u>	<u>Lectern</u>	<u>Video Recorder</u>	<u>Luncheon</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Dinner</u>	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>Café</u> OR																						
<u>Room Setup</u>	<u>Culinary Arts</u>																					
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Other/Specify: _____																				
		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.			It is understood that our organization assumes full responsibility for any damage to the building and equipment.
Rental .....			
Custodial Services .....			
Food Services .....			
Other .....			
Total Fee Estimate			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.
Note: Final invoice billing based upon actual costs following the event/activity.			Any and all information on this form may be shared with the public through our publicly accessed calendar.
Upon receipt of invoice, please make check payable to: Pioneer CTC			
Action Taken	Date	By	
Approved and Booked	<u>12/3/25</u>	<u>M. Schumacher</u>	
Billed for Services			
Referred to Board			Signature (person in charge of activity) Date: <u>12/3/2025</u>

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!