

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) 5/23/2025		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Friday				December 6, 2024
Event Time(s) 10:30-12:30		7:30 AM	13:30	Room(s) / Area Requested:
Name of Organization and Event Being Held Preschool Graduation		Number of Persons Attending Meeting approx. 200		Arena
Address 27 Ryan Rd		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Lexi Dye		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: ext 42600 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 <u>Microphone</u> <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>Lectern</u> <u>Video Recorder</u> <input checked="" type="checkbox"/> Luncheon <u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes 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

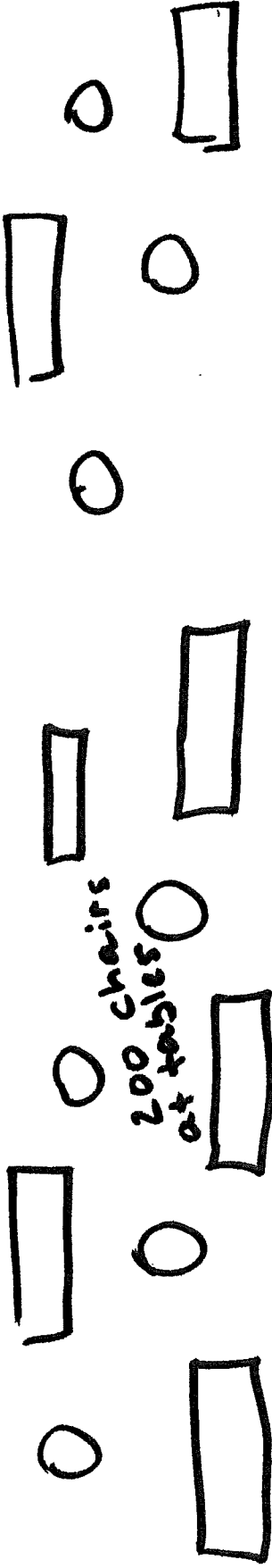
Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Food Services Other Total Fee Estimate Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: Pioneer CTC			It is understood that our 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.
Action Taken	Date	By	
Approved and Booked	12/19/24	KWC	
Billed for Services			
Referred to Board			
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.

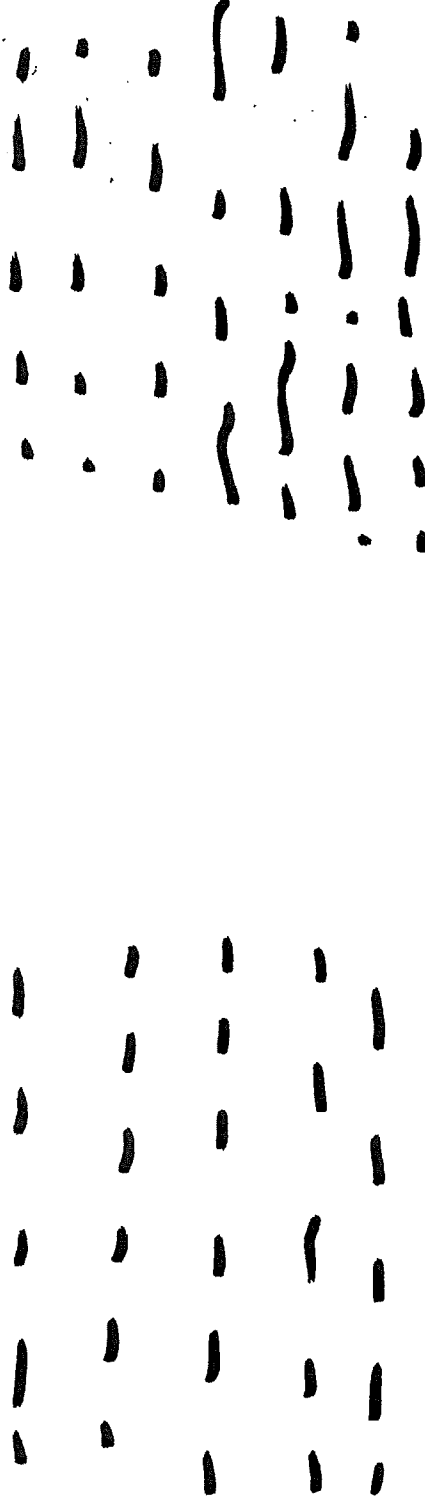
Thank you for selecting Pioneer for your event!

Revised 07/15

Butter | Butter | Butter



- 4.00 chairs
- 5 round tables
- 27 rectangle table
- 3 rectangle table for culinary



200 chairs here

Stage