Building Utilization Request

Pioneer CAREER & TECHNOLOGY CENTER

Pioneer Career and Technology Cente
ATTN: Director of Business Affair
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Activity:
Date(s) **5/14/2025**
Day(s) **STNA Testing**
Event Time(s) **8:30am till 5pm**

Setup Time

Tear Down Time

Date Request Submitted: **February 23, 2025**

Room(s) / Area Requested: **W129**

Name of Organization and Event Being Held
Pioneer CTC Health Assistant and Med Tech Labs

Number of Persons Attending Meeting: **20**

Address

Contact Person: _____

Phone Numbers: Home: _____ _____

Work: _____ _____ Cell: _____ _____

PCTC Requested Services: (Identify No. Needed)

Room Setup	Electronic	___ Café OR ___ Culinary Arts
___ Chairs	___ Microphone	___ Drinks
___ Tables	___ Ovrhd. Proj.	___ Snacks
___ Chalkboard	___ Video Camera	___ Breakfast
___ Lectern	___ Video Recorder	___ Luncheon
___ Coat Racks	___ Internet Access	___ Dinner

For specific room setup, see attached design: (check one)
___ **Yes** or ___ **No**

Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)

Business Name: _____
Contact Person: _____
Phone Number: _____
Address: _____

If specific hookup/utility needs are required see attached:
(check one) ___ **Yes** or ___ **No**

Estimated time of arrival at Pioneer for setup/delivery: _____

Other/Specify: _____

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	2/24/25	KM
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.

Terri Crain, BSN, RN
Signature (person in charge of activity)

Date: 02/23/2025

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!