

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) 4/1/2025		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Tuesday				March 26, 2025
Event Time(s) 3:00- 10:15				Room(s) / Area Requested:
Name of Organization and Event Being Held LPN Class		Number of Persons Attending Meeting 24		DLTC
Address 27 Ryan Road Shelby OH 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: D. Paullin/J. White		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: 419 342-1100 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
☐ Café OR ☐ Culinary Arts ☐ Room Setup ☐ Electronic ☐ Chairs ☐ Microphone ☐ Drinks ☐ 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) ☐ Yes or ☐ No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) ☐ Yes or ☐ 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 _____

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

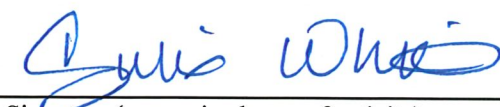
Action Taken	Date	By
Approved and Booked	3/27/25	RWK
Billed for Services		
Referred to Board		

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 (person in charge of activity)
Date: **3/26/25**

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!