Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Date (s) 5/13/2025 Set Up Time Tear Down Time March 27, 2025 Mar	Part I - To be completed by organization requesting building utilization					
Event Time(s) 8:15 8:10 AM 9:30 AM S:30 AM S:3	Date(s) 5/13/2025		Set Up Time		Date Request Submitted	
Event Time(s) 8:15 8:10 AM 9:30 AM Room(s) / Area Requested:	Activity: Day(s) Wednesday			Time	March 27, 2025	
Ambassador, Tabletop Demo, Organization Officers Breakfast Address Pioneer Contact Person: Vickie Hunt/Tina Hurst Phone Numbers: Home:			8:10 AM	9:30 AM	Room(s) / Area Requested:	
Address Pioneer Contact Person: Vickie Hunt/Tina Hurst Phone Numbers: Home: Coll: Phone Numbers: Home: Phone Number: Address: If specific hookup/utility needs are required see attached: (check Ves or No Estimated time of arrival at Pioneer for setup/delivery: Dinner For specific room setup, see attached design: (check one) Phone Number: Address: Dinner For specific room setup, see attached design: (check one) Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers Rental So.00 Custodial Services O.00 Other Solo Services O.00 Other Total Fee Estimate So.00 Other Total Fee Estimate So.00 Other Total Fee Estimate So.00 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 Hill Solo Signature (person in charge of activity) Signature (person in charge of activity)	Name of Organization and Event Being Held				Cafeteria	
Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Contact Person: Vickie Hunt/Tina Hurst Phone Numbers: Home: Cell: Phone Number: Contact Person: Phone Numbers: Home: Phone Numbers: Home: Phone Numbers: Home: Phone Numbers: Home: Phone Number: Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Phone Number: Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Phone Number: Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Phone Number: Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Phone Number: Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Phone Number: Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Phone Number: Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Date of contact with Cafeteria/Culinary Arts Services if used for this event: 3/21/2025 Part II - To be completed by PCTC Personnel Responsibility Notice Estimate Calculation of Fees: Attach any pertinent papers Rental \$0.00 Custodial Services 0.00 Custodial Services 0.00 Other \$0.00 Food Services 0.00 Other \$0.00 Food Services 0.00 Other \$0.00 Other \$0.00 Food Services 0.00 Other \$0.00 Other \$0.00 Other \$0.00 Food Services 0.00 Other \$0.00 Food Services 0.00 Other \$0.00 Other \$0.00 Food Services 0.00 Other \$0.00 Food Services 0.00 Other \$0.00 Food Services			rs Attending			
Contact Person: Vickie Hunt/Tina Hurst Phone Numbers: Home: Coll: Phone Numbers: Home: Contact Person: Phone Number: Address: Phone Number: Address: Phone Number: Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera x Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Date of contact with Cafeteria/Culinary Arts Services if used for this event: 127/2025 Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers Rental So.00 Custodial Services 0.000 Other Total Fee Estimate \$0.000 Other Total Fee Estimate \$0.000 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 Date of contact with Cafeteria/Culinary Arts Services if used for this event: 127/2025 Responsibility Notice It is understood that our organization assumes full responsibility for any damage to the building and equipment. Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Date of contact with Cafeteria/Culinary Arts Services if used for this event: 127/2025 Responsibility Notice It is understood that our organization assumes full responsibility for any damage to the building and equipment. Address: If specific hookup/utility needs are required see attached: (check Yes or No Estimated time of arrival at Pioneer for setup/delivery: Bate of contact with Cafeteria/Culinary Arts Services if used for this event: 127/2025 Responsibility Notice Responsibility Notice A Security Deposit in the amount of \$ is required to confirm scheduling. This will be applied to final invoice upon satisfactor	Breakfast					
Contact Person: Vickie Hunt/Tina Hurst	Address Pioneer					
Phone Numbers: Home: Cell: Phone Number: Address: Phone Number: Address: From No Needed) Room Setup Electronic Address: If specific hookup/utility needs are required see attached: (check Yes or No Needed) Tables Ovrhd. Proj. Snacks Chalkboard Video Camera X Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Internet Calculation of Fees: Attach any pertinent papers Rental Services One) Rental Services One Total Fee Estimate So.00 Other Total Fee Estimate So.00 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 Services Services Services Signature (person in charge of activity)		(i.e. catero	(i.e. caterer, photographer, etc.)			
Phone Number: Address: Address: Address: If specific hookup/utility needs are required see attached: (check			_ Business 1	Business Name:		
Address: PCTC Requested Services: (Identify No. Needed)	Phone Numbers: Home:		Contact P	Contact Person:		
PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera X Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers Rental So.00 Custodial Services Other Total Fee Estimate So.00 Other Total Fee Estimate So.00 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 Approved and Booked Billed for Services If specific hookup/utility needs are required see attached: (check yes or No Estimate time of arrival at Pioneer for setup/delivery: Other/Specify: Date of contact with Cafeteria/Culinary Arts Services if used for this event: ### 21 / 2025 ### 22 / 2025 ### 25 / 2025 ### 25 / 2025 ### 25 / 2025 ### 25 / 2025 ### 25 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 202	Work: Cell:		Phone Nu	Phone Number:		
PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera X Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers Rental So.00 Custodial Services Other Total Fee Estimate So.00 Other Total Fee Estimate So.00 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 Approved and Booked Billed for Services If specific hookup/utility needs are required see attached: (check yes or No Estimate time of arrival at Pioneer for setup/delivery: Other/Specify: Date of contact with Cafeteria/Culinary Arts Services if used for this event: ### 21 / 2025 ### 22 / 2025 ### 25 / 2025 ### 25 / 2025 ### 25 / 2025 ### 25 / 2025 ### 25 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 2025 ### 26 / 202			Address:			
Electronic Culinary Arts Chairs Microphone Drinks Tables Ovrhd, Proj. Snacks Chalkboard Video Camera X Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Date 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 Approved and Booked Final invoice Drinks Chalkboard Video Camera X Breakfast Drinks Dotricks Drinks Other/Specify: Other/Specify: Other/Specify: Other/Specify: Other/Specify: Date of contact with Cafeteria/Culinary Arts Services if used for this event: 3/2 1/2025 Date of contact with Cafeteria/Culinary Arts Services if used for this event: 3/2 1/2025 Date of contact with Cafeteria/Culinary Arts Services 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.	PCTC Requested Services: (Identify No. N					
Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera x Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers Rental \$0.00 Custodial Services 0.00 Other						
Tables Ovrhd. Proj. Snacks Chalkboard Video Camera x Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers Rental So.00 Custodial Services 0.00 Custodial Services 0.00 Other Total Fee Estimate \$0.00 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 Hill 2 Signature (person in charge of activity) Other Signature (person in charge of activity)			s Estimated	Estimated time of arrival at Pioneer for setup/delivery:		
Chalkboard Video Camera x Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers Rental						
Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers Rental	Tables Ovrhd. Proj Snacks		Other/Sp	Other/Specify:		
Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) X Yes or X No Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers Rental \$0.00 Custodial Services 0.00 Food Services 0.00 Other Total Fee Estimate \$0.00 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 Date of contact with Cafeteria/Culinary Arts Services if used for this event: 3/2 1/2025 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)	Chalkboard Video Camera	x Breakfas	st			
Date of contact with Cafeteria/Culinary Arts Services if used for this event: 3/27/3025 Part II - To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers Rental	Lectern Video Recorder	Luncheo	n			
X Yes or X No If used for this event: 327/2025 Part II - To be completed by PCTC Personnel Responsibility Notice	Coat Racks Internet Access	Dinner				
Estimate Calculation of Fees: Attach any pertinent papers Rental \$0.00 Custodial Services 0.00 Food Services 0.00 Other Total Fee Estimate \$0.00 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 Approved and Booked HII2S Billed for Services Estimate Calculation of Fees: Attach any pertinent papers \$0.00 \$0.00 \$0.00 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 HII2S Signature (person in charge of activity)	For specific room setup, see attached design: (check one)			. , ,		
Estimate Calculation of Fees: Attach any pertinent papers Rental	X Yes or X No		if used fo	if used for this event: 3/27/2025		
Rental	Part II - To be completed by PCTC Personnel			Responsibility Notice		
Custodial Services	Estimate Calculation of Fees: Attach any p	ers It is und	responsibility for any damage to the building and			
Custodial Services	Pental	respons				
A Security Deposit in the amount of \$ Other	Kentai	ψυ.ν			admage to the bunding and	
Other		·	equipme	ent.	aumage to the ounding and	
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 Approved and Booked Billed for Services Date By Approved and Booked Billed for Services Signature (person in charge of activity)	Custodial Services	0.0	equipme			
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 Differentiation on this form may be shared with the public through our publicly accessed calendar. Signature (person in charge of activity)	Custodial Services	0.0	equipmo OO A Secur is require	rity Deposit in red to confirm	the amount of \$scheduling. This will be	
Upon receipt of invoice, please make check payable to: Pioneer CTC Action Taken Approved and Booked Billed for Services Any and all information on this form may be shared with the public through our publicly accessed calendar. Signature (person in charge of activity)	Custodial Services	0.0	equipmonum equipmonum of the control	rity Deposit in red to confirm to final invoice	the amount of \$scheduling. This will be	
Upon receipt of invoice, please make check payable to: Pioneer CTC Action Taken Approved and Booked Billed for Services Signature (person in charge of activity)	Custodial Services	0.d 0.d \$0.d	equipmonum equipmonum of the control	rity Deposit in red to confirm to final invoice	the amount of \$scheduling. This will be	
Pioneer CTC Action Taken Approved and Booked Billed for Services Date By Signature (person in charge of activity)	Custodial Services	0.d 0.d \$0.d	equipment of equipment of event	ity Deposit in red to confirm to final invoice /activity.	the amount of \$scheduling. This will be e upon satisfactory complete	
Approved and Booked Billed for Services Signature (person in charge of activity)	Custodial Services	0.0 0.0 \$0.0 ctual costs	equipmondo A Secur is required applied of event. Any and	rity Deposit in red to confirm to final invoice/activity.	the amount of \$scheduling. This will be e upon satisfactory complete	
Billed for Services Signature (person in charge of activity)	Custodial Services	0.0 0.0 \$0.0 ctual costs	equipmono equipmono of event or shared	rity Deposit in red to confirm to final invoice/activity. d all informatewith the publications.	the amount of \$scheduling. This will be e upon satisfactory complete	
Billed for Services	Custodial Services	\$0.0 \$0.0 ctual costs	equipmono equipmono of event or shared	rity Deposit in red to confirm to final invoice/activity. d all informatewith the publications.	the amount of \$scheduling. This will be e upon satisfactory complete	
Referred to Board Date:	Custodial Services Food Services Other Total Fee Estimate Note: Final invoice billing based upon act following the event/activity. Upon receipt of invoice, please make chece Pioneer CTC Action Taken Date	\$0.0 \$0.0 ctual costs	equipmono equipmono of event or shared	rity Deposit in red to confirm to final invoice/activity. d all informatewith the publications.	the amount of \$scheduling. This will be e upon satisfactory complete	
	Custodial Services Food Services Other Total Fee Estimate Note: Final invoice billing based upon act following the event/activity. Upon receipt of invoice, please make chece Pioneer CTC Action Taken Approved and Booked Date Approved and Booked	\$0.0 \$0.0 ctual costs	equipmono equipmono of event occurrence occu	rity Deposit in red to confirm to final invoice /activity. d all informate with the public calendar.	the amount of \$scheduling. This will be the upon satisfactory complete the upon on this form may be the through our publicly	

It is the policy of Pioneer Career & Technology Center to use these fund for the direct use, improvement, and maintenance of the building. Thank you for selecting Pioneer for your event!