Building Utilization Request
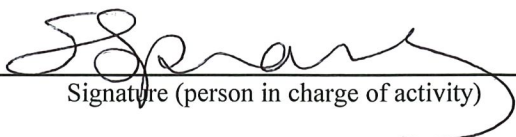
Pioneer

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	

Activity:
Date(s) **June 2nd-June 26th, 2025**
Day(s) **Monday through Thursday**
Time(s) **7:30 a.m.-3:30 p.m.**

Date Request Submitted
June 2, 2025

Room(s) / Area Requested:
C114 every day

Name of Organization
Summer School

Number of Persons Attending Meeting
35 on day 1

Address

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

Contact Person: **Shannon Sprang**

Phone Numbers: Home:
Work: **419 347-7744** Cell:

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

PCTC Requested Services: (Identify No. Needed)

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

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

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	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.

Signature (person in charge of activity)

Date: _____

Action Taken	Date	By
Approved and Booked	6/2/25	_(signature)_
Billed for Services		
Referred to Board		

Thank you for selecting Pioneer for your event!