

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) 5/8/2026		Setup Time 8:00	Tear Down Time 2:30	Date Request Submitted May 27, 2025
Activity: Day(s) Set up done by 7:30 on 5/6				Room(s) / Area Requested: ARENA and Community Room (Perf. Arts)
Event Time(s) 9:00 am & 12:30 pm				
Name of Organization Senior Celebration Ceremony with practice on 5/7, set up by 7:30 am on 5/6 please		Number of Persons Attending Meeting 650? each		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Clay Frye		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup	Electronic	attached: _____		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	(check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	Estimated time of arrival at Pioneer for setup/delivery _____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Other/Specify: *set up all chairs - same set up as last year with flags for color guard, podium and tables/chairs on stage		
<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	Date of contact with Cafeteria/Culinary Arts Services if used for this event _____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access			
For specific room setup, see attached design: (check one)				
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No				

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent paper Rental Custodial Services..... Food Services..... Other Total Fee Estimate			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.
Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: Pioneer CTC			Signature (person in charge of activity) Date: _____
Action Taken	Date	By	
Approved and Booked			
Billed for Services			
Referred to Board			Thank you for selecting Pioneer for your event!

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.