

Building Utilization Request



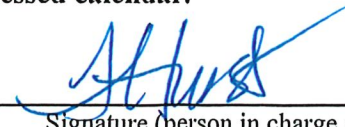
Pioneer Career and Technology Center

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

Part I - To be completed by organization requesting building utilization

Date(s) 10/23/2025	Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) Thursday			May 19, 2025																		
Event Time(s) 8:25 AM	7:00	9:30	Room(s) / Area Requested:																		
Name of Organization and Event Being Held Jostens Senior Meeting (Grad. Announcements)	Number of Persons Attending Meeting Senior Class 500		Arena																		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: Jim Conrad		Business Name: _____																			
Phone Numbers: Home: _____		Contact Person: _____																			
Work: _____ Cell: _____		Phone Number: _____																			
PCTC Requested Services: (Identify No. Needed)		Address: _____																			
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café OR Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>_____ Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td>_____ Snacks</td> </tr> <tr> <td>_____ Chalkboard</td> <td>_____ Video Camera</td> <td>_____ Breakfast</td> </tr> <tr> <td><input checked="" type="checkbox"/> Lectern</td> <td>_____ Video Recorder</td> <td>_____ Luncheon</td> </tr> <tr> <td>_____ Coat Racks</td> <td>_____ Internet Access</td> <td>_____ Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café OR Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	_____ Drinks	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	_____ Snacks	_____ Chalkboard	_____ Video Camera	_____ Breakfast	<input checked="" type="checkbox"/> Lectern	_____ Video Recorder	_____ Luncheon	_____ Coat Racks	_____ Internet Access	_____ Dinner	attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery _____	
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Other/Specify: Jim will be doing a PowerPoint - screens down; 2 sections of chairs with center aisle. Mtg. begins approx. 8:20 am after Senior Panoramic Picture																					
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> 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 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. Any and all information on this form may be shared with the public through our publicly accessed calendar.		
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	6/19/25	JKK			
Billed for Services					
Referred to Board					

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!

Stage - screen down for PowerPoint

2 tables in front of stage
for displaying products

500 chairs
set up for
the seniors

Arena Entrance

1 table inside
entrance

Media Closet

small
table or
desk outside
media closet
for his laptop

Wastens Presentation
Set Up