

# 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) <b>7/28/2025 &amp; 7/29/2025</b>   |  | Setup Time   | Tear Down Time | Date Request Submitted<br><b>July 22, 2025</b>              |
| Activity: Day(s) <b>Monday and Tuesday</b>   |  |  |                | Room(s) / Area Requested:<br><b>E114 - Exercise Science</b> |
| Event Time(s) <b>5:00-9:00pm</b>   |  |  |                |   |
| Name of Organization and Event Being Held<br><b>BLS &amp; First Aid for Adult Ed Phleb &amp; CNA classes</b>   |  | Number of Persons Attending Meeting<br><b>15</b>   |                |   |
| Address <b>27 Ryan Road Shelby OH 44875</b>  |  | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  |                |   |
| Contact Person: <b>D. Paullin/J. White</b>   |  | Business Name: _____   |                |   |
| Phone Numbers: Home: _____   |  | Contact Person: _____  |                |   |
| Work: <b>419 342-1100</b> Cell: _____  |  | Phone Number: _____  |                |   |
| PCTC Requested Services: (Identify No. Needed)   |  | Address: _____   |                |   |
| <input type="checkbox"/> Café OR<br><input type="checkbox"/> Culinary Arts<br><input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks<br><input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks<br><input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon<br><input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner |  | If specific hookup/utility needs are required see attached:<br>(check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No<br>Estimated time of arrival at Pioneer for setup/delivery: _____<br>Other/Specify: _____<br>_____<br>_____ |                |   |
| For specific room setup, see attached design: (check one)<br><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 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**

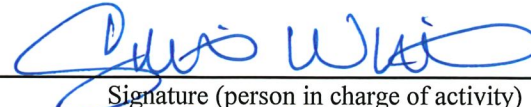
| Action Taken        | Date    | By          |
|---------------------|---------|-------------|
| Approved and Booked | 7/23/25 | [Signature] |
| Billed for Services |         |             |
| Referred to Board   |         |             |

### 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: **7/22/2025**

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!**