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) 8/6/2025-8/8/2025			Se	tup Time	Tear Down	Date Request Submitted
Activity: Day(s) Weds-Fri.					Time	July 28, 2025
Event Time((s) all day					Room(s) / Area Requested:
Name of Organization and Event Being Held				Number of Persons Arena		***
Welcome Week (8/6-8/8, 8/8-9)				1 " " 1		E116 & E118 on 8/6-8/8 for
am-3 pm) Set up on 8/4 and 8/5				1200 hearing/vision screenings		
Address				Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
				(i.e. caterer, photographer, etc.)		
Contact Person:				Business Name:		
Phone Numbers: Home:				Contact Person:		
Work Cell:				Phone Number:		
				Address:		
PCTC Requested Services: (Identify No. Needed)				attached:		
<u>Café</u> OR				one) Yes or No		
Room Setup Electronic Culinary Arts			<u>'ts</u>	Estimated time of arrival at Pioneer for setup/deliver		
	• . –	Drinks				
x Tables Ovrhd. Proj Snacks				Other/Specify: Various stations needed for IDs,		
Chalkboard Video Camera Breakfast			st	fees, schedules, forms, chromebooks - setup to		
Lectern Video Recorder Luncheon			on	be confirmed with Mr. Frye closer to the date		
Coat Racks Internet Access Dinner				of event		
For specific room setup, see attached design: (check one)				Date of contact with Cafeteria/Culinary Arts Services		
Yes orNo				if used for this event		
Part II - To be completed by PCTC Personnel				Responsibility Notice		
Estimate Calculation of Fees: Attach any pertinent paper				It is understood that our organization assumes		
Rental				full responsibility for any damage to the building		
Custodial Services				and equ	ipment.	*
Food Services				A Secur	ity Deposit in	the amount of \$
Other				is required to confirm scheduling. This will be		
Total Fee Estimate				applied to final invoice upon satisfactory		
Note: Final invoice billing based upon actual costs				complet	e of event/act	ivity.
following the event/activity.					J - 11 ' - C	· · · · · · · · · · · · · · · · · · ·
Upon receipt of invoice, please make check payable				Any and all information on this form may be shared with the public through our publicly		
to: Pioneer CTC				accessed calendar.		
Action Taken	Date	Ву				
Approved and Booked	21 1	jan /C				
Billed for Services	1100100	<u> </u>		S	ignature (perso	n in charge of activity)
Referred to Board				Date:		

to use these funds for the direct use, improvement, and Thank you for selecting Pioneer for your event! maintenance of the building utilization areas of the school.