

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) 9/26/2025	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Friday			August 1, 2025
Event Time(s) 8:15-9:45	9/25/2025	9/26/2025	Room(s) / Area Requested:
Name of Organization and Event Being Held Pastries with Parents		Number of Persons Attending Meeting TBD 300+	ARENA
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Jolene - Krystal - Kevin		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: _____ Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. <input checked="" type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery _____	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Other/Specify: Need tables and chairs for parents and students to enjoy donuts together. Will also need tables set up against walls for donuts/refreshments from cafeteria	
		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 Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: Pioneer CTC	<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p>												
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>8/4/25</td> <td>KC</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	8/4/25	KC	Billed for Services			Referred to Board			Signature (person in charge of activity) _____ Date: _____
Action Taken	Date	By											
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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!