



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) 8-25-25 & 9-2-25	Setup Time	Tear Down Time	Date Request Submitted August 1, 2025
Activity: Day(s) Monday & Tuesday			Room(s) / Area Requested: DLTC
Event Time(s) 8 am - 2:45 pm			
Name of Organization and Event Being Held Student Services Accuplacer signup 8-29 & CCP testing labs & math	Number of Persons Attending Meeting 40		
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Crystal Escalera	Business Name: _____		
Phone Numbers: Home: _____	Contact Person: _____		
Work: 419 347-7744 Cell: _____	Phone Number: _____		
	Address: _____		
PCTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) Yes or No		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Room Setup	Other/Specify: _____		
<input type="checkbox"/> Chairs	_____		
<input type="checkbox"/> Tables	_____		
<input type="checkbox"/> Chalkboard	_____		
<input type="checkbox"/> Lectern	_____		
<input type="checkbox"/> Coat Racks	_____		
<input type="checkbox"/> Electronic	_____		
<input type="checkbox"/> Microphone	_____		
<input type="checkbox"/> Ovrhd. Proj.	_____		
<input type="checkbox"/> Video Camera	_____		
<input type="checkbox"/> Video Recorder	_____		
<input type="checkbox"/> Internet Access	_____		
<input type="checkbox"/> Drinks	_____		
<input type="checkbox"/> Snacks	_____		
<input type="checkbox"/> Breakfast	_____		
<input type="checkbox"/> Luncheon	_____		
<input type="checkbox"/> Dinner	_____		
For specific room setup, see attached design: (check one) Yes or 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	8/4/25	16/16
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: 8/28/2023

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!

Revised 07/15