

# Building Utilization Request



# Pioneer Career and Technology Center

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 4487

## Part I - To be completed by organization requesting building utilization

Date(s) <b>Aug. 21 &amp; 22</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Thursday &amp; Friday</b>		8/20/25	8/22/2025	<b>August 12, 2025</b>
Event Time(s) <b>9-10 am/12:30-1:30 pm</b>				Room(s) / Area Requested: <b>Arena</b>
Name of Organization and Event Being Held <b>Student Handbook Meetings</b>		Number of Persons Attending Meeting <b>350</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone      _____ Drinks <input type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj.      _____ Snacks <input type="checkbox"/> Chalkboard      _____ Video Camera      _____ Breakfast <input checked="" type="checkbox"/> Lectern      _____ Video Recorder      _____ Luncheon <input type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access      _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ <b>Lectern placed in front of the stage on the floor. 2</b> <b>aisle ways in between groups of chairs (at least 1)</b> <i>Screen down for slide show</i>		
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

## Responsibility Notice

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	8/14/25	KwK
Billed for Services		
Referred to Board		

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.**

*Alfred Young (CA)*  
Signature (person in charge of activity)

Date: 8/12/2025

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

**Thank you for selecting Pioneer for your event!**