



# 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>Sept. 23, 2025</b>		Setup Time <b>12:00 PM</b>	Tear Down Time	Date Request Submitted <b>September 8, 2025</b>
Activity: Day(s) <b>1</b>				Room(s) / Area Requested: <b>DLTC</b>
Event Time(s) <b>12:30 PM</b>				
Name of Organization and Event Being Held <b>Ariel Corp Visit</b>		Number of Persons Attending Meeting <b>100</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Amy Law</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <b>Yes</b> or <b>No</b>		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Other/Specify: _____		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	_____		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	_____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	_____		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	_____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	_____		
<input type="checkbox"/> Drinks		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<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) <b>Yes</b> or <b>No</b>				

### 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	9/8/25	[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: 9/8/2025

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!**