

# 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) <u>1/5/2026 - 5/20/26</u>   | Setup Time  | Tear Down Time                      | Date Request Submitted<br><u>December 10.2025</u>           |
| Activity: Day(s) <u>Mon, Tues, Wed, Thurs</u>                             |   |                                     | Room(s) / Area Requested:<br><u>W220</u>                    |
| Event Time(s) <u>5:00-9:00</u>  |   |                                     |   |
| Name of Organization and Event Being Held<br><b>Adult Ed - CCMA class</b> | Number of Persons Attending Meeting   |                                     |   |
| Address <b>27 Ryan Road Shelby OH 44875</b>                               | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) |                                     |   |
| Contact Person: <b>D. Paullin/J. White</b>                                | Business Name: _____  |                                     |   |
| Phone Numbers: Home: _____  | Contact Person: _____   |                                     |   |
| Work: <b>419 342-1100</b> Cell: _____                                     | Phone Number: _____   |                                     |   |
| Address: _____  |   |                                     |   |
| PCTC Requested Services: (Identify No. Needed)                            |   |                                     |   |
| Room Setup  | <u>Electronic</u>   | <u>Café</u> OR <u>Culinary Arts</u> | If specific hookup/utility needs are required see attached: |
| Chairs  | <u>Microphone</u>   | <u>Drinks</u>                       | (check one) <u>Yes</u> or <u>No</u>                         |
| Tables  | <u>Ovrhd. Proj.</u>   | <u>Snacks</u>                       | Estimated time of arrival at Pioneer for setup/delivery:    |
| Chalkboard  | <u>Video Camera</u>   | <u>Breakfast</u>                    | _____   |
| Lectern   | <u>Video Recorder</u>   | <u>Luncheon</u>                     | Other/Specify: _____<br>_____                               |
| Coat Racks  | <u>Internet Access</u>  | <u>Dinner</u>                       | _____   |
| For specific room setup, see attached design: (check one)                 |   |                                     |   |
| Yes or <u>No</u>  |   |                                     |   |

## 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 | <u>12/11/25</u> | <u>JW/1C</u> |
| Billed for Services |                 |              |
| Referred to Board   |                 |              |

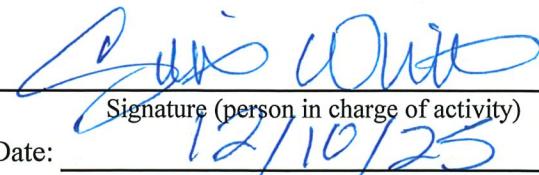
It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

## 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)  
12/10/25

Date: \_\_\_\_\_

Thank you for selecting Pioneer for your event!