

# Building Utilization Request



# Pioneer Career and Technology Centre

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

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

Date(s) <u>2/9/2026</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____			<u>December 10, 2025</u>
Event Time(s) <u>800am -11am</u>	Room(s) / Area Requested: <b>community room</b>		
Name of Organization and Event Being Held <b>MA lab cert testing</b>		Number of Persons Attending Meeting <b>16</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: _____	
Address: _____			
PCTC Requested Services: (Identify No. Needed)			
If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>			
Estimated time of arrival at Pioneer for setup/delivery: _____			
Other/Specify: _____			
Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____			
Room Setup		<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>
Chairs	Tables	Microphone	Drinks
Chalkboard	Lectern	Ovrhd. Proj.	Snacks
Coat Racks		Video Camera	Breakfast
		Video Recorder	Luncheon
		Internet Access	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	<u>12/11/25</u>	<u>KM/KC</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**

## 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.**

Rebecca Holbrook

Signature (person in charge of activity)

Date: 12/10/25

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