

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) 3/19/2026 | | Setup Time 7:00 AM | Tear Down Time 3:30 PM | Date Request Submitted January 5, 2026 |
| Activity: Day(s) Thursday | | | | Room(s) / Area Requested: Pioneer Library confirmed with Crystal Black |
| Event Time(s) 8:00 am - 3:00 pm | | | | |
| Name of Organization and Event Being Held Spring Picture Day - All Preschool - Lifetouch | | Number of Persons Attending Meeting apprx. 40 | | |
| Address Pioneer Library 27 Ryan Rd. Shelby 44875 | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: Juli Adair ext 742600 | | Business Name: _____ | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | |
| Work: _____ Cell: _____ | | Phone Number: _____ | | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | | |
| <u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner | | If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>X</u> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ _____ | | |
| For specific room setup, see attached design: (check one) <u>Yes</u> or <u>X</u> 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 | 1/6/26 | JwK |
| 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.

Juli A. Adair
Signature (person in charge of activity)

Date: 1/5/26

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!

hallway in high school
wall

counter

Side
of Library

Picture person
set up like
facing this direction
to take pictures