

# 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>2/19/2026</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Thursday</b>			<b>January 21, 2026</b>
Event Time(s) <b>5:30 pm - 6:30 pm</b>	<b>4:45 - 5:30</b>	<b>6:30 - 7:00</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Pioneer Preschool ABC &amp; 123 Family Bingo Night</b>		Number of Persons Attending Meeting <b>apprx 40</b>	<b>Community Room</b>
Address <b>Pioneer Career &amp; Technology Center 27 Ryan Rd. Shelby, OH 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>Juli Adair</b>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: <b>742600</b> 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> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone      _____ Drinks <input checked="" type="checkbox"/> Tables <input checked="" type="checkbox"/> Smart Board      _____ Snacks Chalkboard      _____ Video Camera      _____ Breakfast Lectern      _____ Video Recorder      _____ Luncheon Coat Racks <input checked="" type="checkbox"/> Internet Access      _____ Dinner		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <input checked="" type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <u>No</u>		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	1/23/26	kwlc
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: 1/21/26

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!**

# ECE Parent Event – ABC & 123 Bingo

Table set up

White Board

Smart board

Podium



The tables & chairs  
that are in there are  
fine!