

**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>2/16/26; 3/16; 4/20; 5/18; 6/15; 7/20; 8/17; 9/21; 10/19; 11/16</u>		Set Up Time <u>1:00 PM</u>	Tear Down Time <u>After Mtg</u>	Date Request Submitted <u>January 22, 2026</u>
Activity: Day(s) <u>Monday</u> Event Time(s) <u>6:00 PM</u>		Room(s) / Area Requested: <u>Board of Education Conference Room</u>		
Name of Organization and Event Being Held <u>2026 Monthly Board of Education Meetings (Feb - Nov)</u>		Number of Persons Attending Meeting <u>20</u>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Mindy Hiatt</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work	<u>742101</u>	Cell: _____	Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)				
Room Setup	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery	
<input checked="" type="checkbox"/> Chairs	<u>Microphone</u>	<u>Drinks</u>		
<input checked="" type="checkbox"/> Tables	<u>Ovrhd. Proj.</u>	<u>Snacks</u>		
<u>Chalkboard</u>	<u>Video Camera</u>	<u>Breakfast</u>		
<u>Lectern</u>	<u>Video Recorder</u>	<u>Luncheon</u>		
<u>Coat Racks</u>	<u>Internet Access</u>	<u>Dinner</u>		
For specific room setup, see attached design: (check one)				
<u>Yes</u> or <u>X No</u>				
Part II - To be completed by PCTC Personnel				
Estimate Calculation of Fees: Attach any pertinent paper work				
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		
<u>OK</u>	<u>1/23/26</u>	<u>JK</u>		
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 completion 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: <u>1/22/26</u>				

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Thank you for selecting Pioneer for your event!