

Building Utilization Request



changed from Feb 3, 4 2024
Pioneer Career and Technology Center

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

Part I - To be completed by organization requesting building utilization

Date(s) 2/10/2026, 2/11/2026 (make up d	Setup Time	Tear Down Time	Date Request Submitted January 29, 2026
Activity: Day(s) 2			
Event Time(s) 7:40-8:10, 11:00-12:30, 2:00-2:25			Room(s) / Area Requested: Community Room (7:40-8:10, 2:00-2:25), Pioneer Room (11:00-12:30)
Name of Organization and Event Being Held ACE Career Event (NonTrad Days)	Number of Persons Attending Meeting 40		

Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
Contact Person: Meg Mergel	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: _____ Cell: _____	Phone Number: _____

PCTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) Yes or No
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____
<u>Chairs</u> <u>Microphone</u> <u>Drinks</u>	Other/Specify: _____
<u>Tables</u> <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>x Luncheon</u>	_____
<u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>	_____
For specific room setup, see attached design: (check one) Yes or 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.	Responsibility Notice												
Rental	It is understood that our organization assumes full responsibility for any damage to the building and equipment.												
Custodial Services	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.												
Food Services	Any and all information on this form may be shared with the public through our publicly accessed calendar.												
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													
<table><tr><td>Action Taken</td><td>Date</td><td>By</td></tr><tr><td>Approved and Booked</td><td>1/30/26</td><td>Kur/c</td></tr><tr><td>Billed for Services</td><td></td><td></td></tr><tr><td>Referred to Board</td><td></td><td></td></tr></table>	Action Taken	Date	By	Approved and Booked	1/30/26	Kur/c	Billed for Services			Referred to Board			<div>Meg Mergel</div> <div>Signature (person in charge of activity)</div> <div>Date: 1/29/26</div>
Action Taken	Date	By											
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