

# 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>3/3/2026</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Tuesday</u>		See Below	After ceremony	Room(s) / Area Requested:  <b>Arena/ DLTC</b>
Event Time(s) <u>1:00 pm and 5:00 pm</u>				
Name of Organization and Event Being Held <b>National Technical Honor Society Ceremony and Practice</b>		Number of Persons Attending Meeting  <b>80 - 100</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Emma Jenkins</u>		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> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone      _____ Drinks <input checked="" type="checkbox"/> Tables      _____ Ovrhd. Proj.      _____ Snacks Chalkboard      _____ Video Camera      _____ Breakfast <input checked="" type="checkbox"/> 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>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>Please make sure that the stage is setup by 3:00 pm on Monday 3/2 for setup.</u>		
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 .....	_____	
<b>Total Fee Estimate</b> _____		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	<u>2/6/26</u>	<u>[Signature]</u>
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.

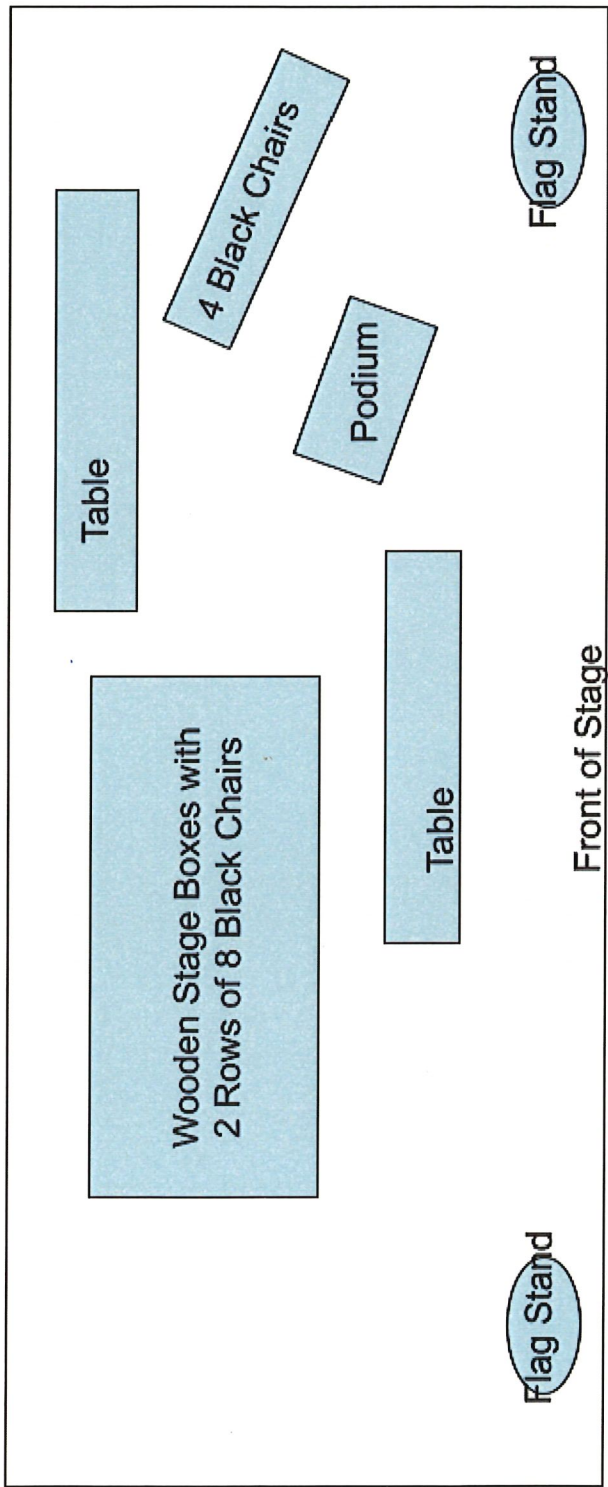
**Any and all information on this form may be shared with the public through our publicly accessed calendar.**

Signature (person in charge of activity)

Date: \_\_\_\_\_

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

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



Refreshment Table

100 Blue Chairs (curved rows)

Refreshment Table