

# 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: _____
Address: _____		

PCTC Requested Services: (Identify No. Needed)		
_____ Café OR _____ Culinary Arts		
<u>Room Setup</u>	<u>Electronic</u>	<u>Microphone</u>
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast
<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner
For specific room setup, see attached design: (check one)		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		
If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
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>		
Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

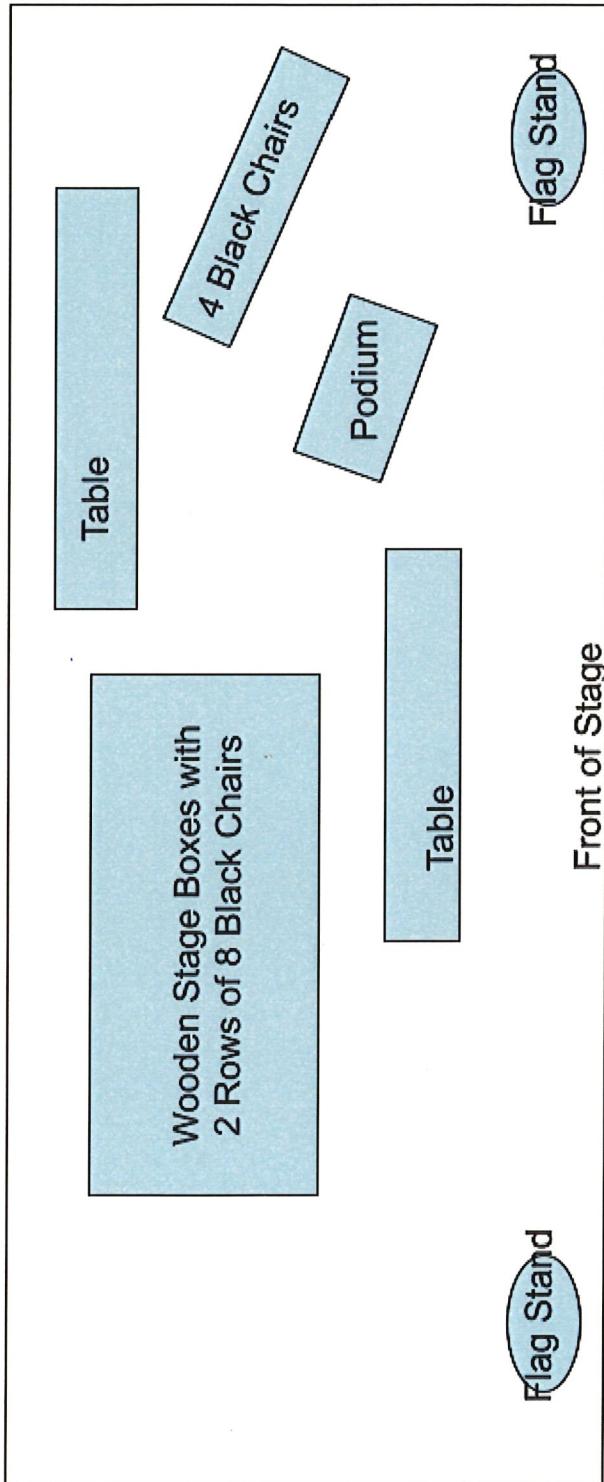
<b>Part II - To be completed by PCTC Personnel</b>		
Estimate Calculation of Fees: Attach any pertinent papers.		
Rental .....		
Custodial Services .....		
Food Services .....		
Other .....		
<b>Total Fee Estimate</b> _____		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>		
<b>Responsibility Notice</b>		
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.		

Action Taken	Date	By
Approved and Booked	<u>2/6/26</u>	<u>KL</u>
Billed for Services		
Referred to Board		

Signature (person in charge of activity)

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

Thank you for selecting Pioneer for your event!



100 Blue Chairs (curved rows)

Refreshment Table

Refreshment Table