

**Building Utilization  
Request**



**Pioneer Career and Technology Cente**

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

*VJH*

**Part I - To be completed by organization requesting building utilization**

Date(s) <u>2/10/2026</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>1</u>			<u>February 9, 2026</u>
Event Time(s) <u>10:40 AM - 12:00 PM</u>			Room(s) / Area Requested:
Name of Organization and Event Being Held <b>ACE Event</b>		Number of Persons Attending Meeting <b>36</b>	<b>Arena (please make sure basketball hoop is down)</b>

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

PCTC Requested Services: (Identify No. Needed)		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>
Chairs	Microphone	Drinks
Tables	Ovrhd. Proj.	Snacks
Chalkboard	Video Camera	Breakfast
Lectern	Video Recorder	Luncheon
Coat Racks	Internet Access	Dinner

For specific room setup, see attached design: (check one)

Yes or  No

**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	<u>2/9/26</u>	<u>KWL</u>
Billed for Services		
Referred to Board		

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

Date of contact with Cafeteria/Culinary Arts Services if used for this event: \_\_\_\_\_

**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.

*Meg Mergel*

Signature (person in charge of activity)

Date: 2/9/26

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