

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>2/13/2025</u>	Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) <u>1</u>	<u>8:30am</u>	<u>1:30pm</u>	<u>February 9, 2025</u>																		
Event Time(s) <u>9am-1pm</u>			Room(s) / Area Requested:																		
Name of Organization and Event Being Held CU Lead		Number of Persons Attending Meeting 15	Community Room																		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: <u>Don Paullin</u>		Business Name: _____																			
Phone Numbers: Home: _____		Contact Person: _____																			
Work: _____ Cell: _____		Phone Number: _____																			
Address: _____		Address: _____																			
PCTC Requested Services: (Identify No. Needed)																					
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> <u>Chairs</u></td> <td><input type="checkbox"/> <u>Microphone</u></td> <td><input checked="" type="checkbox"/> <u>Drinks</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> <u>Tables</u></td> <td><input checked="" type="checkbox"/> <u>Ovrhd. Proj.</u></td> <td><input type="checkbox"/> <u>Snacks</u></td> </tr> <tr> <td><input type="checkbox"/> <u>Chalkboard</u></td> <td><input type="checkbox"/> <u>Video Camera</u></td> <td><input type="checkbox"/> <u>Breakfast</u></td> </tr> <tr> <td><input type="checkbox"/> <u>Lectern</u></td> <td><input type="checkbox"/> <u>Video Recorder</u></td> <td><input checked="" type="checkbox"/> <u>Luncheon</u></td> </tr> <tr> <td><input type="checkbox"/> <u>Coat Racks</u></td> <td><input checked="" type="checkbox"/> <u>Internet Access</u></td> <td><input type="checkbox"/> <u>Dinner</u></td> </tr> </table>				<u>Room Setup</u>	<u>Electronic</u>	<input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>	<input checked="" type="checkbox"/> <u>Chairs</u>	<input type="checkbox"/> <u>Microphone</u>	<input checked="" type="checkbox"/> <u>Drinks</u>	<input checked="" type="checkbox"/> <u>Tables</u>	<input checked="" type="checkbox"/> <u>Ovrhd. Proj.</u>	<input type="checkbox"/> <u>Snacks</u>	<input type="checkbox"/> <u>Chalkboard</u>	<input type="checkbox"/> <u>Video Camera</u>	<input type="checkbox"/> <u>Breakfast</u>	<input type="checkbox"/> <u>Lectern</u>	<input type="checkbox"/> <u>Video Recorder</u>	<input checked="" type="checkbox"/> <u>Luncheon</u>	<input type="checkbox"/> <u>Coat Racks</u>	<input checked="" type="checkbox"/> <u>Internet Access</u>	<input type="checkbox"/> <u>Dinner</u>
<u>Room Setup</u>	<u>Electronic</u>	<input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>																			
<input checked="" type="checkbox"/> <u>Chairs</u>	<input type="checkbox"/> <u>Microphone</u>	<input checked="" type="checkbox"/> <u>Drinks</u>																			
<input checked="" type="checkbox"/> <u>Tables</u>	<input checked="" type="checkbox"/> <u>Ovrhd. Proj.</u>	<input type="checkbox"/> <u>Snacks</u>																			
<input type="checkbox"/> <u>Chalkboard</u>	<input type="checkbox"/> <u>Video Camera</u>	<input type="checkbox"/> <u>Breakfast</u>																			
<input type="checkbox"/> <u>Lectern</u>	<input type="checkbox"/> <u>Video Recorder</u>	<input checked="" type="checkbox"/> <u>Luncheon</u>																			
<input type="checkbox"/> <u>Coat Racks</u>	<input checked="" type="checkbox"/> <u>Internet Access</u>	<input type="checkbox"/> <u>Dinner</u>																			
For specific room setup, see attached design: (check one)																					
<input checked="" type="checkbox"/> <u>Yes</u> or <input type="checkbox"/> <u>No</u>																					
If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> <u>Yes</u> or <input checked="" type="checkbox"/> <u>No</u>																					
Estimated time of arrival at Pioneer for setup/delivery: _____																					
Other/Specify: _____ _____ _____																					
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		
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>2/10/26</u>	<u>DP</u>
Applied 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 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 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: 2/9/26

Thank you for selecting Pioneer for your event!