

# 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) <b>3/11/26 - 5/14/26</b>		Setup Time	Tear Down Time	Date Request Submitted <b>February 20, 2026</b>
Activity: Day(s) <b>Mon, Tues, Wed, Thurs</b>				Room(s) / Area Requested: <b>Weld lab and classroom</b>
Event Time(s) <b>5:00 - 9:30pm</b>		Name of Organization and Event Being Held <b>Adult Ed - Welding class</b>		Number of Persons Attending Meeting <b>10</b>
Address <b>27 Ryan Road Shelby OH 44875</b>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>D. Paullin/J. White</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>419 342-1100</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup      Electronic <u>  </u> Café OR <u>  </u> Culinary Arts <u>  </u> Chairs <u>  </u> Microphone <u>  </u> Drinks <u>  </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> Luncheon <u>  </u> Coat Racks <u>  </u> Internet Access <u>  </u> Dinner		If specific hookup/utility needs are required see attached: (check one) <u>  </u> Yes or <u>  </u> No		
For specific room setup, see attached design: (check one) <b>X Yes</b> or <u>  </u> No		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	2/23/26	KWK
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: 2/20/26

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.

Thank you for selecting Pioneer for your event!