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# 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>3/3/26 - 5/7/26</b>	Setup Time	Tear Down Time	Date Request Submitted <b>February 20, 2026</b>
Activity: Day(s) <b>Tuesdays and Thursdays</b>			Room(s) / Area Requested: <b>W129 and W135</b>
Event Time(s) <b>5:00 - 9:00pm</b>			
Name of Organization and Event Being Held <b>Adult Ed - C.N. A. (Certified Nurse Assistant) class</b>	Number of Persons Attending Meeting <b>24</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: _____		
	Address: _____		
PCTC Requested Services: (Identify No. Needed)	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____		
<input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks	Other/Specify: _____		
<input 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 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"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		

## Part II - To be completed by PCTC Personnel

**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)  
*[Signature]*

Date: **2/20/26**

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	2/23/26	[Signature]
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 of the building utilization areas of the school.

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