

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) March 10, 2026 Activity: Day(s) Tuesday Event Time(s) 2:30 PM	Setup Time 2:15 PM	Tear Down Time 3:30 PM	Date Request Submitted Room(s) / Area Requested: Pioneer Room																		
Name of Organization and Event Being Held Pioneer Alumni Association		Number of Persons Attending Meeting _____																			
Address _____		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) _____																			
Contact Person: Karen Donahue Phone Numbers: Home: _____ Work: _____ Cell: _____		Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																			
PCTC Requested Services: (Identify No. Needed) <table style="width:100%; border:none;"> <tr> <td style="text-align:right;"><input checked="" type="checkbox"/> Café</td> <td style="text-align:center;">OR</td> <td style="text-align:left;"><input type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td></td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td></td> <td><input checked="" type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td></td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td></td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td></td> <td><input type="checkbox"/> Dinner</td> </tr> </table> For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		<input checked="" type="checkbox"/> Café	OR	<input type="checkbox"/> Culinary Arts	<input checked="" type="checkbox"/> Chairs		<input type="checkbox"/> Drinks	<input checked="" type="checkbox"/> Tables		<input checked="" type="checkbox"/> Snacks	<input type="checkbox"/> Chalkboard		<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lectern		<input type="checkbox"/> Luncheon	<input type="checkbox"/> Coat Racks		<input type="checkbox"/> Dinner	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: _____ _____ _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
<input checked="" type="checkbox"/> Café	OR	<input type="checkbox"/> Culinary Arts																			
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Part II - To be completed by PCTC Personnel

Responsibility Notice

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

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	2/24/26	KD
Billed for Services		
Referred to Board		

 Signature (person in charge of activity)

Date: 2/24/26

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!