

Building Utilization Request



Pioneer Career and Technology Center

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

Part I - To be completed by organization requesting building utilization

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|----------------|---|--|--|-------------------|--|--|------------|----------------|------------------|------------|-------------|--------------------|---------------|----------------|---|--------------|--|------------|--|--|--|--|
| Date(s) April 24 through April 28, 2026 | | Setup Time | Tear Down Time | Date Request Submitted | | | | | | | | | | | | | | | | | | | | | |
| Activity: Day(s) Friday, Monday & Tuesday | | 8:00 | 14:00 | March 3, 2026 | | | | | | | | | | | | | | | | | | | | | |
| Event Time(s) 8:00 am to 2:00 pm | | | | Room(s) / Area Requested: Arena | | | | | | | | | | | | | | | | | | | | | |
| Name of Organization and Event Being Held Pioneer Robotics Competition Middle School and High School | | Number of Persons Attending Meeting 100 | | | | | | | | | | | | | | | | | | | | | | | |
| Address 27 Ryan Road Shelby, Ohio | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person: Matt Parr | | Business Name: Gionino's Pizzeria | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Numbers: Home: _____ | | Contact Person: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Work: _____ Cell: 419 566-6071 | | Phone Number: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| PCTC Requested Services: (Identify No. Needed) | | Address: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td>___ Café OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>___ Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td>___ Drinks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Snacks</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Coat Racks</td> <td><input checked="" type="checkbox"/> Internet Access</td> <td>___ Luncheon</td> </tr> <tr> <td></td> <td>___ Dinner</td> <td></td> </tr> </table> | | Room Setup | Electronic | ___ Café OR | <input checked="" type="checkbox"/> Chairs | <input checked="" type="checkbox"/> Microphone | ___ Culinary Arts | <input checked="" type="checkbox"/> Tables | <input checked="" type="checkbox"/> Ovrhd. Proj. | ___ Drinks | ___ Chalkboard | ___ Video Camera | ___ Snacks | ___ Lectern | ___ Video Recorder | ___ Breakfast | ___ Coat Racks | <input checked="" type="checkbox"/> Internet Access | ___ Luncheon | | ___ Dinner | | If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: Pizza Brought in. | | |
| Room Setup | Electronic | ___ Café OR | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Chairs | <input checked="" type="checkbox"/> Microphone | ___ Culinary Arts | | | | | | | | | | | | | | | | | | | | | | | |
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| | ___ Dinner | | | | | | | | | | | | | | | | | | | | | | | | |
| For specific room setup, see attached design: (check one) | | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes or ___ No | | | | | | | | | | | | | | | | | | | | | | | | | |

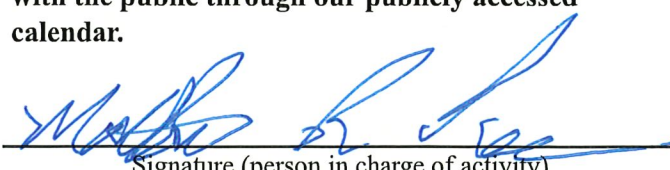
Part II - To be completed by PCTC Personnel

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: 
Signature (person in charge of activity)

Date: **3-4-26**

| Action Taken | Date | By |
|---------------------|--------|----|
| Approved and Booked | 3/4/26 | MP |
| Billed for Services | | |
| Referred to Board | | |

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