

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) <u>4/15/2026</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Wednesday</u>			<u>March 5, 2026</u>
Event Time(s) <u>12:00-4:00</u>		<u>4:00</u>	Room(s) / Area Requested:
Name of Organization and Event Being Held Advanced Manufacturing Center Ribbon Cutting Ceremony	Number of Persons Attending Meeting 150	Arena/ Bullpen area	

Address _____
 Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) _____

Contact Person: Karrie Davisson
 Phone Numbers: Home: _____
 Work: _____ Cell: _____
 Business Name: _____
 Contact Person: _____
 Phone Number: _____
 Address: _____

PCTC Requested Services: (Identify No. Needed)

<input checked="" type="checkbox"/> Room Setup	<input checked="" type="checkbox"/> Electronic	<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Drinks
<input checked="" type="checkbox"/> Tables	<input checked="" 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 checked="" type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input type="checkbox"/> 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: blue table cloths and podium and scre
We will have catering
 Date of completion: _____
 if used for: _____

Karrie will provide set up layout at a later time

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	_____

It is understood that the organization is responsible for providing all necessary equipment and personnel for the event/act.

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>3/5/26</u>	<u>KIC</u>
Billed for Services		
Referred to Board		

Signature (person in charge of activity): Karrie Davisson
 Date: _____