

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) 03/23/2026		Setup Time	Tear Down Time	Date Request Submitted March 12, 2026
Activity: Day(s) Monday				Room(s) / Area Requested: DLTC
Event Time(s) 10:30am - 12:30pm		Name of Organization and Event Being Held OhioHealth meeting to discuss job opportunities for students		
Address		Number of Persons Attending Meeting 75 -90 students		
Contact Person: Terri Crain, Rn, BSN		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____ Work _____ Cell: _____		Business Name: OhioHealth		
PCTC Requested Services: (Identify No. Needed)		Contact Person: _____		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <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		Phone Number: _____		
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		Address: _____		
		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 _____		

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.

Terri Crain, RN, BSN

Signature (person in charge of activity)

Date: 03/12/2026

Action Taken	Date	By
Approved and Booked	3/12/26	Kwlc
Billed for Services		
Referred to Board		

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!