

Building Utilization Request



Pioneer Career and Technology Centre

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

Part I - To be completed by organization requesting building utilization

| | | | |
|---|--|----------------|--|
| Date(s) 5/5/2026 | Setup Time | Tear Down Time | Date Request Submitted 3/17/26 |
| Activity: Day(s) _____ | | | Room(s) / Area Requested: |
| Event Time(s) 8:00 AM - 11:00 AM | Room(s) / Area Requested: Community Room | | |

| | |
|---|--|
| Name of Organization and Event Being Held Senior Phlebotomy Certification | Number of Persons Attending Meeting 15 |
|---|--|

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

| | |
|----------------------------|-----------------------|
| Contact Person: _____ | Business Name: _____ |
| Phone Numbers: Home: _____ | Contact Person: _____ |
| Work: _____ Cell: _____ | Phone Number: _____ |

| | |
|--|----------------|
| PCTC Requested Services: (Identify No. Needed) | Address: _____ |
|--|----------------|

| | |
|--|---|
| <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts | If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No |
|--|---|

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Room Setup <input type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks | <input type="checkbox"/> Electronic <input type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input type="checkbox"/> Video Recorder <input type="checkbox"/> Internet Access | <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Drinks <input type="checkbox"/> Snacks <input type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner | Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ |
|---|---|--|--|

| | |
|--|---|
| For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____ |
|--|---|

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 | 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. |
|---|---|

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 | 3/17/26 | RHC |
| Billed for Services | | |
| Referred to Board | | |

Rebecca Holbrook
Signature (person in charge of activity)
Date: 3/17/2026