

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) 5/22/2026 | | Setup Time | Tear Down Time | Date Request Submitted |
| Activity: Day(s) 1 | | 8am | 4:00pm | April 13, 2026 |
| Event Time(s) 8am-4:00pm | | | | Room(s) / Area Requested: Med Tech Lab |
| Name of Organization and Event Being Held Adult Ed CNA testing | | Number of Persons Attending Meeting 17 | | |
| Address | | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) | | |
| Contact Person: Don Paullin | | 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 <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 | | 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: _____ _____ _____ | | |
| 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 _____

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 | 4/14/26 | [Signature] |
| Billed for Services | | |
| Referred to Board | | |

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.

Donald Paullin
Signature (person in charge of activity)

Date: 4/13/26

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!