

# 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) <b>5/22/2026</b>		Setup Time <b>10:30am</b>	Tear Down Time <b>2:30pm</b>	Date Request Submitted <b>April 13, 2026</b>
Activity: Day(s) <b>1</b>				Room(s) / Area Requested: <b>Community Room</b>
Event Time(s) <b>10:30am</b>		Name of Organization and Event Being Held <b>NHA - CCMA testing for high school</b>		Number of Persons Attending Meeting <b>15</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Don Paullin</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>    </u> <b>Yes</b> or <u>    </u> <b>No</b>		
<u>    </u> <b>Café</b> OR <u>    </u> <b>Culinary Arts</b>	Estimated time of arrival at Pioneer for setup/delivery: _____			
<u>    </u> Room Setup	<u>    </u> Electronic	Other/Specify: _____		
<u>    </u> Chairs	<u>    </u> Microphone	_____		
<u>    </u> Tables	<u>    </u> Ovrhd. Proj.	_____		
<u>    </u> Chalkboard	<u>    </u> Video Camera	_____		
<u>    </u> Lectern	<u>    </u> Video Recorder	_____		
<u>    </u> Coat Racks	<u>    </u> Internet Access	_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<u>    </u> <b>Yes</b> or <u>    </u> <b>No</b>				

**Part II - To be completed by PCTC Personnel**

<p><b>Estimate Calculation of Fees: Attach any pertinent papers.</b></p> <p>Rental ..... _____</p> <p>Custodial Services ..... _____</p> <p>Food Services ..... _____</p> <p>Other ..... _____</p> <p style="text-align: center;"><b>Total Fee Estimate</b> _____</p> <p><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b></p>			<p style="text-align: center;"><b>Responsibility Notice</b></p> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b></p>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	<p style="text-align: center;"> Signature (person in charge of activity)</p> <p>Date: <u>    </u> <b>4/13/26</b></p>		
Approved and Booked	4/16/26	VPK			
Billed for Services					
Referred to Board					

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!**