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

Activity: Date(s) / Day(s) / Event Time(s)	Setup Time	Tear Down Time	Date Request Submitted
Date(s) **5/22/2026** Day(s) **Friday** Event Time(s) **all day**			**April 20, 2026**

Room(s) / Area Requested: **Arena/East Lawn/DLTC for Perf. Arts.**

Name of Organization and Event Being Held: **Student Appreciation Day**

Number of Persons Attending Meeting: **250 (AM & PM)**

Address

Contact Person: _____

Phone Numbers: Home: ____ _____

Work ____ _____ Cell: ____ _____

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

Business Name: _____

Contact Person: _____

Phone Number: _____

Address: _____

attached: (check one) ___ **Yes** or ___ **No**

PCTC Requested Services: (Identify No. Needed)

Room Setup	Electronic	___ Café OR ___ Culinary Arts
___ Chairs	___ Microphone	___ Drinks
___ Tables	___ Ovrhd. Proj.	___ Snacks
___ Chalkboard	___ Video Camera	___ Breakfast
___ Lectern	___ Video Recorder	___ Luncheon
___ Coat Racks	___ Internet Access	___ Dinner

For specific room setup, see attached design: (check one)

___ **Yes** or ___ **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

Estimate Calculation of Fees: Attach any pertinent pape

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	4/20/26	
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.

_____

Signature (person in charge of activity)

Date: 4/20/26

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!

Revised 07/15