

# 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>August 17, 2026</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Monday</b>				
Event Time(s) <b>7:00 am to 12:30 pm</b>		<b>6:30 AM</b>	<b>12:30 PM</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>Van Driver/Bus Driver Physicals</b>		Number of Persons Attending Meeting <b>60+</b>		<b>Exercise Science Lab and Criminal Justice Lab</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Karen Donahue/Kris Kowalski</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs      ___ Microphone      ___ Drinks <input checked="" type="checkbox"/> Tables      ___ Ovrhd. Proj.      ___ Snacks ___ Chalkboard      ___ Video Camera      ___ Breakfast ___ Lectern      ___ Video Recorder      ___ Luncheon ___ Coat Racks      ___ Internet Access      ___ Dinner		If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No Estimated time of arrival at Pioneer for setup/delivery: <b>if areas could be open and lights on by 6:30 am</b> Other/Specify: <b>set up 8/14/26; will check room use with Mike Millward and Dan George; Avita scaff will be here at 6:30 am; borrow one traffic cone from Criminal Justice</b>		
For specific room setup, see attached design: (check one) ___ Yes or ___ 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	4/20/26	ka kc
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): Karen Donahue

Date: 4/20/2026

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!**