

# 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>5/1/2026</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>set up by April 30 please</b>				<b>April 14, 2026</b>
Event Time(s) <b>9:00 am &amp; 12:30 pm</b>		<b>8:00</b>	<b>2:30</b>	Room(s) / Area Requested:
Name of Organization <b>Senior Class Meetings</b>		Number of Persons Attending Meeting <b>300 ea. Session</b>		<b>ARENA</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Clay Frye</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	attached: _____		
<u>Café/Culinary Arts</u>		(check one) <u>Yes</u> or <u>No</u>		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	Estimated time of arrival at Pioneer for setup/delivery		
<input type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	_____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Other/Specify: _____		
<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	_____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		if used for this event _____		

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

Estimate Calculation of Fees: Attach any pertinent papers Rental ..... Custodial Services ..... Food Services ..... Other ..... <b>Total Fee Estimate</b> ..... <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			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.											
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>4/20/26</td> <td>[Signature]</td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	4/20/26	[Signature]	Billed for Services			Referred to Board			Signature (person in charge of activity) _____ Date: _____	
Action Taken	Date	By												
Approved and Booked	4/20/26	[Signature]												
Billed for Services														
Referred to Board														

**Thank you for selecting Pioneer for your event!**

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.