

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 4487

Part I - To be completed by organization requesting building utilization

Date(s) 5/20/2026		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____		8:00	12:00	April 20, 2026
Event Time(s) _____				Room(s) / Area Requested: Community Room
Name of Organization and Event Being Held End of the Year-Career Coach Meeting		Number of Persons Attending Meeting 25		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: _____		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Chairs</u> <input checked="" type="checkbox"/> <u>Tables</u> <input type="checkbox"/> <u>Chalkboard</u> <input type="checkbox"/> <u>Lectern</u> <input type="checkbox"/> <u>Coat Racks</u>	<input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Microphone</u> <input checked="" type="checkbox"/> <u>Ovrhd. Proj.</u> <input type="checkbox"/> <u>Video Camera</u> <input type="checkbox"/> <u>Video Recorder</u> <input checked="" type="checkbox"/> <u>Internet Access</u>	<input checked="" type="checkbox"/> <u>Drinks</u> <input type="checkbox"/> <u>Snacks</u> <input checked="" type="checkbox"/> <u>Breakfast</u> <input type="checkbox"/> <u>Luncheon</u> <input type="checkbox"/> <u>Dinner</u>	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

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.

Karrie Davisson
Signature (person in charge of activity)

Date: 4/20/26

Action Taken	Date	By
Approved and Booked	4/21/26	[Signature]
Billed for Services		
Referred to Board		