

Building Utilization Request



Pioneer Career and Technology Center

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

ASH

Part I - To be completed by organization requesting building utilization

Date(s) <u>May 13, 2026</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>1</u>	<u>2:00</u>	<u>2:30</u>	<u>4/27/26</u>
Event Time(s) <u>2:00 - 2:30</u>	Room(s) / Area Requested:		

Name of Organization and Event Being Held <u>Shelby High School - Senior Advisor to senior students</u>	Number of Persons Attending Meeting	<u>Community Room</u>
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Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)
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Contact Person: <u>M. Schumacher</u>	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: <u>419-347-7744</u> Cell: _____	Phone Number: _____

PCTC Requested Services: (Identify No. Needed)	Address: _____
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<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____
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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: _____
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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	<u>4/27/26</u>	<u>[Signature]</u>
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.

M. Schumacher (For: Bobbi Weaver)
Signature (person in charge of activity)

Date: 4/27/26