

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) <u>5/20/2026</u>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) _____	4:30pm	10pm	<u>5/1/26</u>
Event Time(s) <u>5pm-10pm</u>			Room(s) / Area Requested:
Name of Organization and Event Being Held <u>O'Reilly Auto Enterprises, LLC</u> - Real World Training Class		Number of Persons Attending Meeting <u>50</u>	<u>Room big enough to fit our needs</u>
Address <u>233 S. Patterson Ave. Springfield, MO 65802</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Erickson Krieger</u>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: <u>417 851-5944</u> Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <u>50</u> Chairs <u>Microphone</u> <u>Drinks</u> <u>Yes</u> Tables <u>Yes</u> Ovrhd. Proj. <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <u>Breakfast</u> <u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u> <u>Coat Racks</u> <u>Yes</u> Internet Access <u>Dinner</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <input checked="" type="checkbox"/> <u>No</u>	
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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 **Responsibility Notice**

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	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.												
<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><u>5/4/26</u></td> <td><u>Kr/C</u></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	<u>5/4/26</u>	<u>Kr/C</u>	Billed for Services			Referred to Board			Signature (person in charge of activity) _____ Date: _____
Action Taken	Date	By											
Approved and Booked	<u>5/4/26</u>	<u>Kr/C</u>											
Billed for Services													
Referred to Board													