

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) 6/1/2026-7/27/2026		Setup Time	Tear Down Time	Date Request Submitted May 7, 2026																		
Activity: Day(s) Mon, Tues, Wed				Room(s) / Area Requested: W-220																		
Event Time(s) 4:30 -8:30pm																						
Name of Organization and Event Being Held Adult Ed - Phlebotomy class		Number of Persons Attending Meeting 20																				
Address 27 Ryan Road Shelby OH 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: D. Paullin/J. White		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work: 419 342-1100 Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td>☐ Chairs</td> <td>☐ Microphone</td> <td>☐ Drinks</td> </tr> <tr> <td>☐ Tables</td> <td>☐ Ovrhd. Proj.</td> <td>☐ Snacks</td> </tr> <tr> <td>☐ Chalkboard</td> <td>☐ Video Camera</td> <td>☐ Breakfast</td> </tr> <tr> <td>☐ Lectern</td> <td>☐ Video Recorder</td> <td>☐ Luncheon</td> </tr> <tr> <td>☐ Coat Racks</td> <td>☐ Internet Access</td> <td>☐ Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	☐ Chairs	☐ Microphone	☐ Drinks	☐ 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) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ _____		
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For specific room setup, see attached design: (check one) X Yes or <u>No</u>		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>5/14/26</td> <td>VW/K</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	5/14/26	VW/K	Billed for Services			Referred to Board			Signature (person in charge of activity) Date: 5/17/26	
Action Taken	Date	By												
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Billed for Services														
Referred to Board														

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!