

# 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>June 1, 2026</b>		Set Up Time <b>7:30</b>	Tear Down Time <b>10:30</b>	Date Request Submitted <b>May 20, 2026</b>
Activity: Day(s) <b>Monday</b>				Room(s) / Area Requested: <b>Cafeteria</b>
Event Time(s) <b>8:00-10:30 am</b>		Number of Persons Attending Meeting <b>140</b>		
Name of Organization and Event Being Held <b>Pioneer Year End Breakfast</b>		Address		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Meg Mergel</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: _____ Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts		If specific hookup/utility needs are required see attached: (check <input type="checkbox"/> Yes or <input type="checkbox"/> No)		
<input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Chalkboard <input checked="" type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks	<input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input type="checkbox"/> Video Recorder <input type="checkbox"/> Internet Access	<input type="checkbox"/> Snacks <input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: <b>April 1, 2026</b>	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No				

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

Estimate Calculation of Fees: Attach any pertinent papers Rental ..... <b>\$0.00</b> Custodial Services ..... <b>0.00</b> Food Services ..... <b>0.00</b> Other ..... <b>Total Fee Estimate</b> ..... <b>\$0.00</b> <b>Note:</b> Final invoice billing based upon actual costs following the event/activity.	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.  <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>	

Action Taken	Date	By
Approved and Booked	5/20/26	Kwlc
Billed for Services		
Referred to Board		

Signature (person in charge of activity) Meg Mergel  
 Date: 5/20/26

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

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