

Building Utilization Request



Pioneer Career and Technology Center
 ATTN: Director of Business Affairs
 27 Rvan Road, Shelby, OH 44875

Part I - To be completed by organization requesting building utilization

Date(s) June 8, 2026	8AM to 3PM, M-R	Tear Down Time	Date Request Submitted 5/28 /26
Activity: Day(s) July 2, 2026			Room(s) / Area Requested: C114
Event Time(s) M-R, 8am to 3 pm			
Name of Organization and Event Being Held Summer School, 2026		Number of Persons Attending Meeting /8 at least 30 chairs need	
Address PCTC			
Contact Person: Robin Hager, Coordinator; Slaughter		Business Name: N/A	
Phone Numbers: Home: _____		Contact Person: _____	
Work: X742841 ir X Cell: _____ 4: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input type="checkbox"/> Café OR <input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Electronic</u> <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"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	
<input checked="" 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 checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Dinner	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		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

Estimate Calculation of Fees: Attach any pertinent papers.

Rental	N/A
Custodial Services	
Food Services	
Other	
Total Fee Estimate	\$0.00

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	<i>5/28/26</i>	<i>RH</i>
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 **\$ 0.00** 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.

Robin Hager
5/28/2026

Signature (person in charge of activity)

Date: **5-28-2026**

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!