

**Building Utilization
Request**



**Pioneer Career and Technology Center
ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44871**

Part I - To be completed by organization requesting building utilization

Date(s) June 8-11		Tear Down Time 9:00 12:00	Date Request Submitted June 2, 2026
Activity: Day(s) Mon-Thurs			Room(s) / Area Requested: Caf, Cul Lab, SER Lab, Graphic Arts Lab, IT Lab, Carpentry Lab, Hort Lab, Health Ast Lab, Auto Level 1
Name of Organization and Event Being Held Pioneer Summer Camp		Number of Persons Attending Meeting Kevin Vargyas	
Address 27 Ryan Rd		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: Kevin Vargyas		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: _____ Cell: 440 570-0714		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> <input checked="" type="checkbox"/> Chairs <input checked="" type="checkbox"/> Microphone _____ Drinks <input checked="" type="checkbox"/> Tables _____ Ovrhd. Proj. _____ Snacks <input type="checkbox"/> Chalkboard _____ Video Camera _____ Breakfast <input checked="" type="checkbox"/> Lectern _____ Video Recorder _____ Luncheon <input type="checkbox"/> Coat Racks _____ Internet Access _____ 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: _____ _____ _____	
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: _____	

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

Action Taken	Date	By
Approved and Booked	6/3/26	<i>[Signature]</i>
Billed for Services		
Referred to Board		

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.

[Signature]
Signature (person in charge of activity)

Date: _____