# Building Utilization Request

Pioneer CAREER & TECHNOLOGY CENTER

**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) **5/12/2027**<br>**Activity:** Day(s) **Wednesday**<br>Event Time(s) **6:30-8:00 pm** | Setup Time<br>**12:30** | Tear Down Time<br>**20:00** | Date Request Submitted<br>**June 8, 2026** |
| Name of Organization and Event Being Held<br>**Sophomore Orientation** | Number of Persons Attending Meeting<br>**500+** | | Room(s) / Area Requested:<br>**Cafeteria/Various Labs** |

Address

Contact Person: **Tina Hurst, ext. 42200**

Phone Numbers: Home: ____ ____

Work ____ ____ Cell: ____ ____

PCTC Requested Services: (Identify No. Needed)

| Room Setup | Electronic | __ Café OR __ Culinary Arts |
|---|---|---|
| x Chairs | ___ Microphone | ___ Drinks |
| x Tables | ___ Ovrhd. Proj. | ___ Snacks |
| ___ Chalkboard | ___ Video Camera | ___ Breakfast |
| ___ Lectern | ___ Video Recorder | ___ Luncheon |
| ___ Coat Racks | ___ Internet Access | ___ Dinner |

For specific room setup, see attached design: (check one)

___ **Yes** or ___ **No**

Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)

Business Name: _____

Contact Person: _____

Phone Number: _____

Address: _____

attached: (check one) ___ **Yes** or ___ **No**

Estimated time of arrival at Pioneer for setup/delivery _____

Other/Specify: **final set up verified as event approaches - t-shirts, badges on cafeteria table at front entrance**

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 pape

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 | 6/9/26 | KMK |
| 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 $ _____ 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 (person in charge of activity)

Date: _____

**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!**

Revised 07/15