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

Activity		Setup Time	Tear Down Time	Date Request Submitted
Date(s)	**4/28/2027**			**June 8, 2026**
Day(s)	**Wednesday**			
Event Time(s)	**7:00-8:30 pm**	**7:00**	**9:00**	

Room(s) / Area Requested: **ARENA**

Name of Organization and Event Being Held
PioneerAwards Night - Set Up ready to go morning of April 27th please

Number of Persons Attending Meeting: **800**

Address

Contact Person: **Tina Hurst, ext. 42200**
Phone Numbers: Home: ___ ___
Work ___ ___ Cell: ___ ___

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

Business Name: ______
Contact Person: ______
Phone Number: ______
Address: ______

If specific hookup/utility needs are required see attached: (check one) ___ **Yes** or ___ **No**

PCTC Requested Services: (Identify No. Needed)

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

For specific room setup, see attached design: (check one)
x **Yes** or ___ **No**

Estimated time of arrival at Pioneer for setup/delivery
***Set Up on Tuesday, April 27-ready to go in AM**

Other/Specify:
***set up all chairs with center aisle; hort will provide plants for stage area - see diagram for specific set up**

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	KK
Billed for Services		
Referred to Board		

to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

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: ______

Thank you for selecting Pioneer for your event!

Revised 07/15