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)	**4/7/2027**			**June 8, 2026**
Day(s)	**Wednesday**			
Event Time(s)	**8:30 am - 10:00 am**	**day before**	**10:45**	Room(s) / Area Requested: **Pioneer Room**

Name of Organization and Event Being Held
April Princpals Meeting

Number of Persons Attending Meeting
20

Address

Contact Person: **Tina Hurst, ext. 742200**
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**
Estimated time of arrival at Pioneer for setup/delivery:

_____

Other/Specify: **Cafeteria to provide coffee/water please. One table and chair next to the door. Please put tables in "U" shape with podium and open end at the east end of room**

Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____

PCTC Requested Services: (Identify No. Needed)

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

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

Part II - To be completed by PCTC Personnel

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	6/9/26	KwK
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: _____

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!

Revised 07/15