Building Utilization Request

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: Date(s) **1/28/2027** Day(s) **Thursday** Event Time(s) **6-8 pm**	Setup Time	Tear Down Time	Date Request Submitted **May 28, 2026** Room(s) / Area Requested: **Labs/Community Room**

Name of Organization and Event Being Held: **Soph. Open House**

Number of Persons Attending Meeting:

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 room setup/any needs are required see attached: (check one) ___ **Yes** or ___ **No**

PCTC Requested Services: (Identify No. Needed)

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

x Café OR ___ Culinary Arts

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

x **Yes** or ___ **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 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	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: ____

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