

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

Date(s) 1/26/2027-1/27/2027		Set Up Time	Tear Down Time	Date Request Submitted May 28, 2026																		
Activity: Day(s) Tues. & Weds.				Room(s) / Area Requested: Community Room, DLTC, Arena, Lunch Overflow for Bus Driver Hospitality																		
Event Time(s) all day																						
Name of Organization and Event Being Held Sophomore Visitation		Number of Persons Attending Meeting																				
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: _____		Business Name: _____																				
Phone Numbers: Home: _____		Contact Person: _____																				
Work _____ Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td>☐ Chairs</td> <td>☐ Microphone</td> <td>☐ Drinks</td> </tr> <tr> <td>☐ Tables</td> <td>☐ Ovrhd. Proj.</td> <td>☐ Snacks</td> </tr> <tr> <td>☐ Chalkboard</td> <td>☐ Video Camera</td> <td>☐ Breakfast</td> </tr> <tr> <td>☐ Lectern</td> <td>☐ Video Recorder</td> <td>☐ Luncheon</td> </tr> <tr> <td>☐ Coat Racks</td> <td>☐ Internet Access</td> <td>☐ Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	☐ Chairs	☐ Microphone	☐ Drinks	☐ Tables	☐ Ovrhd. Proj.	☐ Snacks	☐ Chalkboard	☐ Video Camera	☐ Breakfast	☐ Lectern	☐ Video Recorder	☐ Luncheon	☐ Coat Racks	☐ Internet Access	☐ Dinner	attached: (check one) ☐ Yes or ☒ No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: Chairs around perimeter of Community Room, Two tables set up in front of windows w/chairs, middle screen down arena - 250 chairs set up		
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For specific room setup, see attached design: (check one) ☐ Yes or ☒ No		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 paper Rental \$0.00 Custodial Services..... 0.00 Food Services..... 0.00 Other Total Fee Estimate \$0.00 Note: Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: Pioneer CTC		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.
Action Taken	Date	By
Approved and Booked	6/9/26	[Signature]
Billed for Services		
Referred to Board		

Signature (person in charge of activity)
Date: _____