

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

Everyone
Written Vagyas 6/10/26

[Signature]

Part I - To be completed by organization requesting building utilization

Date(s) 12/4/2026		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) Friday				May 28, 2026																		
Event Time(s) 10:45-2:00		8:30	2:15	Room(s) / Area Requested:																		
Name of Organization and Event Being Held Partner School Secretaries Luncheon		Number of Persons Attending Meeting 35		Community Room/ Cosmetology Lab																		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																				
Contact Person: Tina Hurst, ext. 742200		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	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>Culinary to provide lunch;</u> <u>details to be confirmed with K. Burke Charles Curran</u> <u>as date approaches</u>		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		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 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