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: Date(s) **10/22/2026** Day(s) **Thursday** Event Time(s) **8:25 AM**	Setup Time **7:00**	Tear Down Time **9:30**	Date Request Submitted **June 8, 2026**
Name of Organization and Event Being Held **Jostens Senior Meeting (Grad. Announcements)**	Number of Persons Attending Meeting **Senior Class 500**		Room(s) / Area Requested: **Arena**

Address

Contact Person: **Jim Conrad**

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: ____

PCTC Requested Services: (Identify No. Needed)

Room Setup	Electronic	___ Café OR ___ Culinary Arts
x Chairs	x Microphone	___ Drinks
x Tables	x 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)

___ **Yes** or ___ **No**

attached: (check one) ___ **Yes** or ___ **No**

Estimated time of arrival at Pioneer for setup/delivery

____

Other/Specify: **Jim will be doing a PowerPoint - screens down; 2 sections of chairs with center aisle. Mtg. begins approx. 8:20 am after Senior Panoramic Picture**

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	
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