Mh

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) **8/12/2026** Day(s) **Wednesday** Event Time(s) **8:30 AM**	**8:00**	**11:00**	**May 28, 2026**

Room(s) / Area Requested: **Cafeteria/Classroom near cafeteria (W. Rodenbaugh)**

Name of Organization and Event Being Held: **Beginning of the year Principals/Secretaries meeting**

Number of Persons Attending Meeting: **50**

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: **Desks needed in classroom; breakfast set up with J. Fortman**

PCTC Requested Services: (Identify No. Needed)

Room Setup	Electronic	_ Café OR _ Culinary Arts
x Chairs	__ Microphone	__ 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)

__ **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 .... _____

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		

to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

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.

T Hurst
Signature (person in charge of activity)

Date: 5/28/26

Thank you for selecting Pioneer for your event!

Revised 07/15