

# 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) <b>16-Apr-27</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Setup Time<br><b>7:30</b>                                                                                                                                                                                                                                           | Tear Down Time<br><b>2:00</b> | Date Request Submitted<br><b>June 15, 2026</b> |
| Activity: Day(s) <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                     |                               | Room(s) / Area Requested:<br><b>Arena</b>      |
| Event Time(s) <b>7:30 - 2:00 PM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                     |                               |                                                |
| Name of Organization and Event Being Held<br><b>Spring Job Fair</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Number of Persons Attending Meeting<br><b>250</b>                                                                                                                                                                                                                   |                               |                                                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)                                                                                                                                                                             |                               |                                                |
| Contact Person: <b>Amy Law</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Business Name: _____                                                                                                                                                                                                                                                |                               |                                                |
| Phone Numbers: Home: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Contact Person: _____                                                                                                                                                                                                                                               |                               |                                                |
| Work: _____ Cell: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Phone Number: _____                                                                                                                                                                                                                                                 |                               |                                                |
| PCTC Requested Services: (Identify No. Needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Address: _____                                                                                                                                                                                                                                                      |                               |                                                |
| <input checked="" type="checkbox"/> Café OR<br><input type="checkbox"/> Culinary Arts<br><input checked="" type="checkbox"/> Room Setup <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Drinks<br><input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Snacks<br><input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Luncheon<br><input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Dinner<br><input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access |  | If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No<br>Estimated time of arrival at Pioneer for setup/delivery: _____<br>Other/Specify: _____<br>_____<br>_____<br>_____ |                               |                                                |
| For specific room setup, see attached design: (check one)<br><input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____                                                                                                                                                                                 |                               |                                                |

### Part II - To be completed by PCTC Personnel

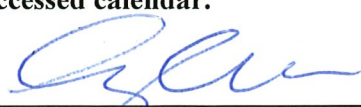
|                                                                                          |             |           |
|------------------------------------------------------------------------------------------|-------------|-----------|
| Estimate Calculation of Fees: Attach any pertinent papers.                               |             |           |
| Rental .....                                                                             | _____       |           |
| Custodial Services .....                                                                 | _____       |           |
| Food Services .....                                                                      | _____       |           |
| Other .....                                                                              | _____       |           |
| <b>Total Fee Estimate</b> _____                                                          |             |           |
| <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. |             |           |
| Upon receipt of invoice, please make check payable to:<br><b>Pioneer CTC</b>             |             |           |
| <b>Action Taken</b>                                                                      | <b>Date</b> | <b>By</b> |
| Approved and Booked                                                                      | 6/17/26     | Vmk       |
| 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: 6/15/2026

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!**