

Building Utilization Request



Pioneer Career and Technology Center

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

Handwritten initials

Part I - To be completed by organization requesting building utilization

Date(s) 5/9/2025		Setup Time 8:00	Tear Down Time 2:30	Date Request Submitted June 10, 2024
Activity: Day(s) Set up done by 2:30 on 5/7				Room(s) / Area Requested: ARENA and Community Room (Perf. Arts)
Event Time(s) 9:00 am & 12:30 pm		Name of Organization Senior Celebration Ceremony with practice on 5/8		
Address		Number of Persons Attending Meeting 650? each		
Contact Person: Clay Frye		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Phone Numbers: Home: _____		Business Name: _____		
Work: _____ Cell: _____		Contact Person: _____		
PCTC Requested Services: (Identify No. Needed)		Phone Number: _____		
<input checked="" type="checkbox"/> Room Setup	<input checked="" type="checkbox"/> Electronic	Address: _____		
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	Estimated time of arrival at Pioneer for setup/delivery _____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Other/Specify: *set up all chairs		
<input checked="" type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<i>Same set up as last year please</i>		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	Date of contact with Cafeteria/Culinary Arts Services if used for this event _____		
For specific room setup, see attached design: (check one)				
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No				

Part II - To be completed by PCTC Personnel

<p>Estimate Calculation of Fees: Attach any pertinent paper</p> <p>Rental _____</p> <p>Custodial Services _____</p> <p>Food Services _____</p> <p>Other _____</p> <p>Total Fee Estimate _____</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p>			<p align="center">Responsibility Notice</p> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p>Signature (person in charge of activity) _____</p> <p>Date: _____</p>		
Action Taken	Date	By	<p align="center">Thank you for selecting Pioneer for your event!</p>		
Approved and Booked	<i>6/20/24</i>	<i>[Signature]</i>			
Billed for Services					
Referred to Board					

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.