

# Building Utilization Request



## Pioneer Career and Technology Centre

ATTN: Director of Business Affair  
27 Ryan Road, Shelby, OH 4487

### Part I - To be completed by organization requesting building utilization

Activity: Date(s) <u>10/3,10/10,10/24,11/14,12/12,1/9,1/23,2/13,2/27,3/13,3/27,4/17,4/24</u> Day(s) <u>Fridays</u> Event Time(s) <u>8:10-9:15</u>	Setup Time	Tear Down Time	Date Request Submitted
	7:45	9:15	September 7, 2025
	Room(s) / Area Requested:		DLTC
Name of Organization and Event Being Held <b>Future Fridays-Military, College, Business Reps.</b>		Number of Persons Attending Meeting <b>50</b>	
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <u>Tasha Lisle</u>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: _____ Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> _____ Chairs      _____ Microphone      _____ Drinks _____ Tables <input checked="" type="checkbox"/> Ovrhd. Proj.      _____ Snacks _____ Chalkboard      _____ Video Camera      _____ Breakfast _____ Lectern      _____ Video Recorder      _____ Luncheon _____ Coat Racks <input checked="" type="checkbox"/> 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: _____ _____ _____	
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

Part II - To be completed by PCTC Personnel			Responsibility Notice
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: <b>Pioneer CTC</b>			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.  <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>
Action Taken	Date	By	
Approved and Booked	9/8/25	Tasha Lisle	
Billed for Services			
Referred to Board			
			Signature (person in charge of activity)
			Date: 9/7/25