

*Handwritten initials*

# Building Utilization Request



## Pioneer Career and Technology Center

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

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

Date(s) <b>1/13/2026</b>	Setup Time	Tear Down Time	Date Request Submitted <b>December 10, 2025</b>
Activity: Day(s) <b>1</b>			Room(s) / Area Requested: <b>The Pioneer Room</b>
Event Time(s) <b>8:10-9:05</b>	Name of Organization and Event Being Held <b>Purple Star breakfast</b>		Number of Persons Attending Meeting <b>25</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)	
Contact Person: <b>Tasha Lisle</b>		Business Name: _____	
Phone Numbers: Home: _____		Contact Person: _____	
Work: <b>ext. 742256</b> Cell: _____		Phone Number: _____	
Address: _____		Address: _____	
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <b>Yes</b> or <b>No</b>	
<div><div><div><input checked="" type="checkbox"/> Room Setup</div><div><input checked="" type="checkbox"/> Chairs</div><div><input checked="" type="checkbox"/> Tables</div><div><input type="checkbox"/> Chalkboard</div><div><input type="checkbox"/> Lectern</div><div><input type="checkbox"/> Coat Racks</div></div><div><div><input type="checkbox"/> Electronic</div><div><input type="checkbox"/> Microphone</div><div><input type="checkbox"/> Ovrhd. Proj.</div><div><input type="checkbox"/> Video Camera</div><div><input type="checkbox"/> Video Recorder</div><div><input type="checkbox"/> Internet Access</div></div><div><div><input checked="" type="checkbox"/> Café OR Culinary Arts</div><div><input checked="" type="checkbox"/> Drinks</div><div><input type="checkbox"/> Snacks</div><div><input checked="" type="checkbox"/> Breakfast</div><div><input type="checkbox"/> Luncheon</div><div><input type="checkbox"/> Dinner</div></div></div>		Estimated time of arrival at Pioneer for setup/delivery: _____	
For specific room setup, see attached design: (check one) <b>Yes</b> or <b>No</b>		Other/Specify: _____	
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: <b>Pioneer CTC</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>
Approved and Booked	<i>12/10/25</i>	<i>[Signature]</i>
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.**

*Tasha Lisle*

Signature (person in charge of activity)

Date: **12/10/25**

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance

**Thank you for selecting Pioneer for your event!**