

# 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>29-Oct-19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | Setup Time                                                                              | Tear Down Time    | Date Request Submitted              |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| Activity: Day(s) <b>Tuesday</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                                                         |                   | <b>October 16, 2019</b>             |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| Event Time(s) <b>8:00 - 11:30 am</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | <b>7:45 AM</b>                                                                          | <b>11:30 AM</b>   | Room(s) / Area Requested:           |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| Name of Organization and Event Being Held<br><b>ASVAB Testing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | Number of Persons Attending Meeting<br><b>115</b>                                       |                   | <b>Arena</b>                        |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| Contact Person: <b>Dan Dornbirer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | Business Name: <b>Columbus MEPS</b>                                                     |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| Phone Numbers: Home: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | Contact Person: <b>Juan Dino Villarreal</b>                                             |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| Work: <b>42253</b> Cell: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | Phone Number: <b>614-490-3150</b>                                                       |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| PCTC Requested Services: (Identify No. Needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | Address: <b>Columbus, Ohio</b>                                                          |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| <table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td>_____ Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td>_____ Ovrhd. Proj.</td> <td>_____ Snacks</td> </tr> <tr> <td>_____ Chalkboard</td> <td>_____ Video Camera</td> <td>_____ Breakfast</td> </tr> <tr> <td>_____ Lectern</td> <td>_____ Video Recorder</td> <td>_____ Luncheon</td> </tr> <tr> <td>_____ Coat Racks</td> <td>_____ Internet Access</td> <td>_____ Dinner</td> </tr> </table> |                                                | <u>Room Setup</u>                                                                       | <u>Electronic</u> | <u>Café</u> OR <u>Culinary Arts</u> | <input checked="" type="checkbox"/> Chairs | <input checked="" type="checkbox"/> Microphone | _____ Drinks | <input checked="" type="checkbox"/> Tables | _____ Ovrhd. Proj. | _____ Snacks | _____ Chalkboard | _____ Video Camera | _____ Breakfast | _____ Lectern | _____ Video Recorder | _____ Luncheon | _____ Coat Racks | _____ Internet Access | _____ Dinner | If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> |  |  |
| <u>Room Setup</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Electronic</u>                              | <u>Café</u> OR <u>Culinary Arts</u>                                                     |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| <input checked="" type="checkbox"/> Chairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Microphone | _____ Drinks                                                                            |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| <input checked="" type="checkbox"/> Tables                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ Ovrhd. Proj.                             | _____ Snacks                                                                            |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| _____ Chalkboard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____ Video Camera                             | _____ Breakfast                                                                         |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| _____ Lectern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____ Video Recorder                           | _____ Luncheon                                                                          |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| _____ Coat Racks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____ Internet Access                          | _____ Dinner                                                                            |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
| For specific room setup, see attached design: (check one)<br><u>Yes</u> or <u>No</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | Estimated time of arrival at Pioneer for setup/delivery: _____                          |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | Other/Specify: _____                                                                    |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____     |                   |                                     |                                            |                                                |              |                                            |                    |              |                  |                    |                 |               |                      |                |                  |                       |              |                                                                                                 |  |  |

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

### Responsibility Notice

|                                                                                                                                                                                                                                                                                                                                                             |             |           |                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Estimate Calculation of Fees: Attach any pertinent papers.<br>Rental .....<br>Custodial Services .....<br>Food Services .....<br>Other .....<br><b>Total Fee Estimate</b> .....<br><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.<br>Upon receipt of invoice, please make check payable to:<br><b>Pioneer CTC</b> |             |           | It is understood that our organization assumes full responsibility for any damage to the building and equipment.<br><br>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.<br><br><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b> |
| <b>Action Taken</b>                                                                                                                                                                                                                                                                                                                                         | <b>Date</b> | <b>By</b> |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Approved and Booked                                                                                                                                                                                                                                                                                                                                         | 10/17/2019  | WLB       |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Billed for Services                                                                                                                                                                                                                                                                                                                                         |             |           |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Referred to Board                                                                                                                                                                                                                                                                                                                                           |             |           |                                                                                                                                                                                                                                                                                                                                                                                                                      |

Signature (person in charge of activity) \_\_\_\_\_  
Date: 10/16/2019

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!

Revised 07/15