

# 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>10/11/2023</b> Activity: Day(s) <b>1</b> Event Time(s) <b>8:30-11:30</b>	Setup Time <b>8:00</b>	Tear Down Time <b>11:30</b>	Date Request Submitted <b>May 31, 2023</b> Room(s) / Area Requested: <b>The Arena</b>																		
Name of Organization and Event Being Held <b>ASVAB testing-online</b>		Number of Persons Attending Meeting <b>120</b>																			
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: <u>Tasha Lisle</u> Phone Numbers: Home: <u>42256</u> Work: _____ Cell: _____		Business Name: <u>Military</u> Contact Person: <u>Dino Villarreal</u> Phone Number: <u>614-490-3150</u> Address: <u>775 Taylor Rd. Gahanna, OH 43230</u>																			
PCTC Requested Services: (Identify No. Needed)  <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">___ Café</td> <td style="text-align: center;">OR</td> <td style="text-align: left;">___ Culinary Arts</td> </tr> <tr> <td><u>X</u> Chairs</td> <td>___ Microphone</td> <td>___ Drinks</td> </tr> <tr> <td><u>X</u> 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><u>X</u> Internet Access</td> <td>___ Dinner</td> </tr> </table> For specific room setup, see attached design: (check one) ___ Yes or ___ No		___ Café	OR	___ Culinary Arts	<u>X</u> Chairs	___ Microphone	___ Drinks	<u>X</u> Tables	___ Ovrhd. Proj.	___ Snacks	___ Chalkboard	___ Video Camera	___ Breakfast	___ Lectern	___ Video Recorder	___ Luncheon	___ Coat Racks	<u>X</u> Internet Access	___ Dinner	If specific hookup/utility needs are required see attached: (check one) ___ Yes or ___ No Estimated time of arrival at Pioneer for setup/delivery: <u>7:45-8:00</u> Other/Specify: _____ _____ _____ Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
___ Café	OR	___ Culinary Arts																			
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## Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers. Rental ..... Custodial Services ..... Food Services ..... Other ..... <p style="text-align: center;"><b>Total Fee Estimate</b> _____</p> Note: Final invoice billing based upon actual costs following the event/activity.  Upon receipt of invoice, please make check payable to: <p style="text-align: center;"><b>Pioneer CTC</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Action Taken</th> <th style="width:20%;">Date</th> <th style="width:30%;">By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td></td> <td></td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked			Billed for Services			Referred to Board			<h3 style="text-align: center;">Responsibility Notice</h3> 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.  <p style="text-align: center;"><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b></p> <p style="text-align: center;"><i>Tasha Lisle</i></p> <p style="text-align: center;">Signature (person in charge of activity)</p> Date: <u>5/31/23</u>
Action Taken	Date	By											
Approved and Booked													
Billed for Services													
Referred to Board													