

# 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>3/17/2026</b>   | Setup Time        | Tear Down Time   | Date Request Submitted                        |
| Activity: Day(s) <b>1 day (AM)-Tuesday</b>   | <b>Day before</b> | <b>12:00 PM</b>  | <b>February 4, 2026</b>                       |
| Event Time(s) <b>8:10-12:00</b>  |                   |  | Room(s) / Area Requested:<br><b>The Arena</b> |
| Name of Organization and Event Being Held<br><b>ASVAB Spring Test-online</b>   |                   | Number of Persons Attending Meeting<br><b>80</b>   |   |
| Address  |                   | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)  |   |
| Contact Person: <b>Tasba Lisle</b>   |                   | Business Name: <b>Military</b>   |   |
| Phone Numbers: Home: _____   |                   | Contact Person: <b>Dino Villareal</b>  |   |
| Work: <b>742256</b> Cell: _____  |                   | Phone Number: <b>614-490-3150</b>  |   |
| PCTC Requested Services: (Identify No. Needed)   |                   | Address: _____   |   |
| <u>Café</u> OR<br><u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u><br><b>80</b> Chairs      _____ Microphone      _____ Drinks<br><b>40</b> Tables      _____ Ovrhd. Proj.      _____ Snacks<br>_____ Chalkboard      _____ Video Camera      _____ Breakfast<br>_____ Lectern      _____ Video Recorder      _____ Luncheon<br>_____ Coat Racks <input checked="" type="checkbox"/> Internet Access      _____ Dinner |                   | If specific hookup/utility needs are required see attached:<br>(check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No<br>Estimated time of arrival at Pioneer for setup/delivery: _____<br>Other/Specify: _____<br>_____<br>_____ |   |
| For specific room setup, see attached design: (check one)<br><input type="checkbox"/> Yes or <input type="checkbox"/> No   |                   | 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:<br><b>Pioneer CTC</b>             |             |             |
| <b>Action Taken</b>  | <b>Date</b> | <b>By</b>   |
| Approved and Booked  | 2/4/26      | [Signature] |
| 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.**

**Tasba Lisle**

Signature (person in charge of activity)

Date: 2/4/2026

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!**