

# 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>4/28/2026</b> Activity: Day(s) _____ Event Time(s) <b>11-12:30</b>	Setup Time  <b>10:00</b>	Tear Down Time  <b>12:30</b>	Date Request Submitted  <b>March 4, 2026</b> Room(s) / Area Requested:  <b>The Pioneer Room</b>
Name of Organization and Event Being Held <b>Purple Star Luncheon</b>		Number of Persons Attending Meeting  <b>40</b>	
Address _____		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) _____	
Contact Person: <b>Tasha Lisle</b> Phone Numbers: Home: _____ Work: <b>742256</b> Cell: _____		Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____	
PCTC Requested Services: (Identify No. Needed) _____ Café OR Room Setup <u>Electronic</u> <input checked="" type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs      _____ Microphone <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables      _____ Ovrhd. Proj.      _____ Snacks _____ Chalkboard      _____ Video Camera      _____ Breakfast _____ Lectern      _____ Video Recorder <input checked="" type="checkbox"/> Luncheon _____ Coat Racks      _____ Internet Access      _____ Dinner For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No 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

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> <p><b>Note:</b> Final invoice billing based upon actual costs following the event/activity.</p> Upon receipt of invoice, please make check payable to: <p style="text-align: center;"><b>Pioneer CTC</b></p>	<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><b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b></p>												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Action Taken</th> <th style="width:30%;">Date</th> <th style="width:40%;">By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td style="text-align: center;">3/5/26</td> <td style="text-align: center;">KWK</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	3/5/26	KWK	Billed for Services			Referred to Board			<p style="text-align: right;">_____ Tasha Lisle Signature (person in charge of activity)</p> Date: 3/4/26
Action Taken	Date	By											
Approved and Booked	3/5/26	KWK											
Billed for Services													
Referred to Board													

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!**