

Building Utilization Request



Pioneer Career and Technology Center

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

Part I - To be completed by organization requesting building utilization

Date(s) 4/24/2024	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Wednesday			February 14, 2024
Event Time(s) 8:30-11:30	8:00	11:30	Room(s) / Area Requested:
Name of Organization and Event Being Held ASVAB testing	Number of Persons Attending Meeting 30	DLTC	
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Tasha Lisle	Business Name: Military		
Phone Numbers: Home: _____	Contact Person: Dino Villarreal		
Work: ext. 42256 Cell: _____	Phone Number: 614-490-3150		
PCTC Requested Services: (Identify No. Needed)	Address: 775 Taylor Rd. Gahanna, OH 43230		
<u>Room Setup</u> <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks	Estimated time of arrival at Pioneer for setup/delivery:		
<input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks	7:45-8:00		
<input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast	Other/Specify: _____		
<input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon	_____		
<input type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Dinner	_____		
For specific room setup, see attached design: (check one)	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<input type="checkbox"/> Yes or <input type="checkbox"/> No			

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers.		
Rental	_____	
Custodial Services	_____	
Food Services	_____	
Other	_____	
Total Fee Estimate _____		
Note: Final invoice billing based upon actual costs following the event/activity.		
Upon receipt of invoice, please make check payable to: Pioneer CTC		
Action Taken	Date	By
Approved and Booked	2/15/24	KWK
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: **2/14/24**

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!