

# 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>11/15/2023</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>1</b>				<b>May 31, 2023</b>
Event Time(s) <b>8:00-11:30</b>		<b>7:45</b>	<b>11:30</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>ASVAB post-test interpretation (3 sessions)</b>		Number of Persons Attending Meeting <b>120 (3 sessions)</b>		<b>DLTC</b>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Tasha Lisle</u>		Business Name: <u>Military</u>		
Phone Numbers: Home: <u>42256</u>		Contact Person: <u>Dino Villarreal</u>		
Work: _____ Cell: _____		Phone Number: <u>614-490-3150</u>		
PCTC Requested Services: (Identify No. Needed)		Address: <u>775 Taylor Rd. Gahanna, OH 43230</u>		
<input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Drinks <input type="checkbox"/> Snacks <input type="checkbox"/> Breakfast <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner		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: <u>7:45-8:00</u> Other/Specify: _____ _____ _____		
Room Setup: <u>Electronic</u> <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Tables <input checked="" type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Coat Racks <input checked="" type="checkbox"/> Internet Access		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
For specific room setup, see attached design: (check one) <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 ..... <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: <b>Pioneer CTC</b>			<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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> <p><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;"><u>Tasha Lisle</u> Signature (person in charge of activity)</p> <p>Date: <u>5/31/23</u></p>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>			
Approved and Booked					
Billed for Services					
Referred to Board					