Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs 27 Ryan Road, Shelby, OH 44875

Part II: To be completed by PCTC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	Part I - To be completed by organization requesting building utilization						
Event Time(s) 8:00 AM 7:30 AM 10:30 AM Room(s) / Area Requested:	Date(s) 10/19/2017; 2/15/2018 & 4/19/2018			Setup Time	1	Date Request Submitted	
Name of Organization and Event Being Held District Superintendent's Meeting Address Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Port Requested Services: (Identify No. Needed) Room Setup Chairs Microphone Tables Ovrhd. Proj. Snacks Chalikboard Video Camera Services Dinner For specific room setup, see attached design: (check one) Yes or No Part II* Lobe completed by Person No Restinate Calculation of Fees: Attach any pertinent papers. Rental Custodial 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 Billed for Services Business Name: Contact Person: Business Name: Contact Person: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Other/Specify: Other/Specify: Date of contact with Cafeteria/Culinary Arts Services if used for this event: June 29, 2017 Responsibility Notice It is understood that our organization assumes full 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. Alterding Meeting Business Name: Contact Person: If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for Setup/delivery: If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for Setup/delivery: If specific hookup/u	Activity: Day(s) Thursday				Time	June 29, 2017	
Attending Meeting Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Work: ext. 42101 Cell: PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera x Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Part II To be completed by PCTC Bersonnel Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial 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 1/3/2017 Attending Meeting Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: Contact Person: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Determine of arrival at Pioneer for setup/delivery: Determine of arrival at Pioneer for setup/delivery: Determine of arrival at Pioneer for setup/delivery: Date of contact with Cafeteria/Culinary Arts Services if used for this event: June 29, 2017 Responsibility Notice It is understood that our organization assumes full responsibility for any damage to the building and equipment. Ascurity 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. According to the province of activity. Any and all information on this form	Event Time(s	8:00 AM		7:30 AM	10:30 AM	Room(s) / Area Requested:	
Address Contact Person: Becki Kimmel	Name of Organization a	and Event Being H	eld				
Address Contact Person: Becki Kimmel Phone Numbers: Home: Contact Person: Work: ext. 42101 Cell: Phone Numbers: Home: Phone Numbers: Home: Phone Numbers: Home: Contact Person: Phone Number: Address: Chalkboard Video Camera x Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Part II: To be completed by PCTIC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Other South Services Contact Number: A Security Deposit in the amount of Sis required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity. Upon receipt of invoice, please make check payable to: Pioner CTC Action Taken Date By Approved and Booked 1/3/2017 Mills Billed for Services Services Signature (person in charge of activity)	District Superintendent's Meeting			Attendin			
Contact Person: Becki Kimmel Phone Numbers: Home: Contact Person: Business Name: Contact Person: Phone Numbers: Home: Phone Numbers: Home: Phone Numbers: Home: Phone Numbers: Home: Contact Person: Phone Number: Address: If specific hookup/utility needs are required see attached: (check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Standard Video Camera Estimated time of arrival at Pioneer for setup/delivery: Other/Specify: Chalkboard Video Camera Estimated time of arrival at Pioneer for setup/delivery: Other/Specify: Check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Other/Specify: Check one) Yes or No Estimated time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer for setup/delivery: Other/Specify: Standard time of arrival at Pioneer of Standard time of arrival at Pioneer of No Estimated time of arrival at Pioneer of No Other/Specify: If specific hookup/utility needs are required sea attached: (check one) Yes or No Estimated time of arrival at Pioneer of No Other/Specify: If specific hookup/utility needs are				Carriage			
Phone Numbers: Home: Contact Person: Phone Number: Address: PCTC Requested Services: (Identify No. Needed) Room Setup Electronic Chairs Microphone Drinks Tables Ovrhd. Proj. Snacks Chalkboard Video Camera x Breakfast Lectern Video Recorder Luncheon Coat Racks Internet Access Dinner For specific room setup, see attached design: (check one) Yes or No Part II: To be completed by PETC Personnel Estimate Calculation of Fees: Attach any pertinent papers. Rental	Address			• • • • • • • • • • • • • • • • • • • •			
Phone Numbers: Home:	Contact Person: Beck		Business 1	Business Name:			
Work:ext. 42101	Phone Numbers: Home:				Contact Dorgon		
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Date of contact with Cafeteria/Culinary Arts Services if used for this event: June 29, 2017 Responsibility Notice Estimate Calculation of Fees: Attach any pertinent papers. Rental	Lectern V	ideo Recorder _	Lunched	on			
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responsibility for any damage to the building and equipment. Food Services	Part II - To be completed by PCTC Personnel				Responsibility Notice		
Custodial Services	Estimate Calculation of Fees: Attach any pertinent papers.				It is understood that our organization assumes full		
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 Approved and Booked Date Billed for Services 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. Signature (person in charge of activity) Date: 20 km 47	Rental						
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 Approved and Booked Date By Approved and Booked Approved and Booked Billed for Services 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. Signature (person in charge of activity)	Custodial Services		equipm				
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Approved and Booked 1/3/2017 ISB Signature (person in charge of activity) Detail 20 Jun 17	Pioneer CTC			accesse	d calendar.	Λ	
Billed for Services Signature (person in charge of activity)	Action Taken	Date	By	<u>, </u>	Jul. 1.	//	
Detail 20 Jun 47		1/3/2017	182	<u> </u>	LU U	nme	
Referred to Board Date: 29-Jun-17		/		Detail 0	-	son in charge of activity)	
It is the policy of Pioneer Career & Technology Center to Thank you for selecting Pioneer for your event!	Referred to Board	Caroor & Tooksol	omy Conto				

use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.