

# 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>16-Dec-19</b>	Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) <b>Monday</b>	<b>12 noon</b>	<b>7:00 PM</b>	<b>December 3, 2019</b>																		
Event Time(s) <b>6:00 PM</b>			Room(s) / Area Requested:																		
Name of Organization and Event Being Held <b>Board Holiday Dinner prior to December Board meeting. For Board Members and Admin. Staff</b>		Number of Persons Attending Meeting <b>35</b>	<b>Pioneer Room</b>																		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																			
Contact Person: <b>Becki Kimmel</b>		Business Name: _____																			
Phone Numbers: Home: _____		Contact Person: _____																			
Work: <b>42101</b> Cell: _____		Phone Number: _____																			
Address: _____		Address: _____																			
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <input checked="" type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b>																			
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR <u>Culinary Arts</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input checked="" type="checkbox"/> Drinks</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td><input checked="" type="checkbox"/> Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Drinks	<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input checked="" type="checkbox"/> Dinner	Estimated time of arrival at Pioneer for setup/delivery: _____	
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <u>Culinary Arts</u>																			
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Drinks																			
<input checked="" type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks																			
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Breakfast																			
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Luncheon																			
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	<input checked="" type="checkbox"/> Dinner																			
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b> <i>See back</i>		Other/Specify: <b>Culinary Arts program will provide dinner.</b>																			
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <b>December 3, 2019</b>																			

### 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	12/3/2019	<i>Becki Kimmel</i>
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.

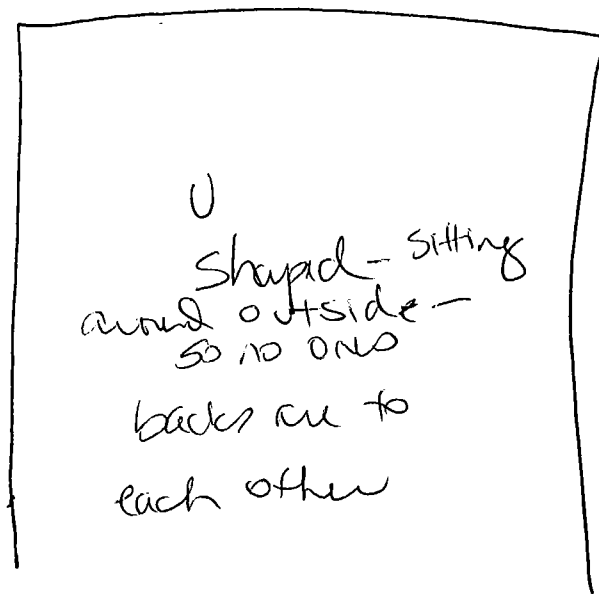
**Any and all information on this form may be shared with the public through our publicly accessed calendar.**

*Becki Kimmel*  
Signature (person in charge of activity)

Date: 12/3/2019

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

**Thank you for selecting Pioneer for your event!**



they are moving to library  
for meeting -

Christmas music during dinner  
would be appreciated.