Building Utilization Request

Pioneer CAREER & TECHNOLOGY CENTER

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

Activity: Date(s) ~~1/20/2020; 5/18/2020~~; see dates below Day(s) **3rd Monday of Month** Event Time(s) **7:00 PM**	Setup Time 1:00pm	Tear Down Time after mtg.	Date Request Submitted **January 15, 2020**
Name of Organization and Event Being Held **Pioneer Regular Board of Education Meetings 2020**	Number of Persons Attending Meeting		Room(s) / Area Requested: **Board Office Conference Room**

Address **Feb. 17; Mar. 16; Apr. 20; May 18; June 15; July 20; Aug. 17; Sept. 21; Oct 19, Nov 17 and Dec 21**

Contact Person: **Becki Kimmel**

Phone Numbers: Home: _____ _____

Work: _____ **42101** Cell: _____ _____

PCTC Requested Services: (Identify No. Needed)

Room Setup	Electronic	x Café OR x Culinary Arts
___ Chairs	___ Microphone	___ Drinks
___ Tables	___ Ovrhd. Proj.	___ Snacks
___ Chalkboard	___ Video Camera	___ Breakfast
___ Lectern	___ Video Recorder	___ Luncheon
___ Coat Racks	___ Internet Access	x Dinner

For specific room setup, see attached design: (check one)

___ **Yes** or ___ **No**

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: _____

Other/Specify: _____

Date of contact with Cafeteria/Culinary Arts Services if used for this event: **January 15, 2020**

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	1/15/2020	
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: 1/15/2020

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!

Revised 07/15