

# 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-Sep-20</b>		Setup Time	Tear Down Time	Date Request Submitted																		
Activity: Day(s) <b>Wednesday</b>		9:45 AM		<b>August 25, 2020</b>																		
Event Time(s) <b>10 am - 11:30 am</b>				Room(s) / Area Requested:																		
Name of Organization and Event Being Held <b>September Board Prep meeting - Administrative Team</b>		Number of Persons Attending Meeting <b>14</b>		<b>Community 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: _____ ext. <b>42101</b> Cell: _____		Phone Number: _____																				
PCTC Requested Services: (Identify No. Needed)		Address: _____																				
<table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td>Café OR Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input 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 type="checkbox"/> Dinner</td> </tr> </table>		Room Setup	Electronic	Café OR Culinary Arts	<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input 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 type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		
Room Setup	Electronic	Café OR Culinary Arts																				
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input 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 type="checkbox"/> Dinner																				
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____																				
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <i>see back</i>		Other/Specify: _____																				
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <b>September 18, 2019</b>																				

### 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>		<b>Responsibility Notice</b> 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. <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>	
Action Taken      Date      By Approved and Booked      8/25/2020 <i>WLA</i> Billed for Services Referred to Board		Signature (person in charge of activity) <i>Becki Kimmel</i> Date: 8/25/2020	

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.

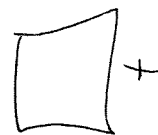
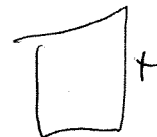
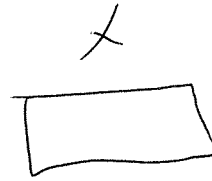
Thank you for selecting Pioneer for your event!

Revised 0//15

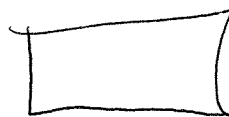
Tables set up in large  
chairs  
square facing toward middle

of room      counter

x chairs   x space   x



x



x



x

white board