

# 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>10/28/21; 2/24/22 &amp; 4/28/22</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Thursday</b>				<b>August 31, 2020</b>
Event Time(s) <b>8:15 AM</b>		<b>7:30 AM</b>	<b>10:30 AM</b>	Room(s) / Area Requested:
Name of Organization and Event Being Held <b>District Supt. Meetings</b>		Number of Persons Attending Meeting <b>18-25</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: <b>42101</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Drinks <input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks <input type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input checked="" 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 type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <b>See back of form</b>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <b>Culinary Arts</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	8/23/21	KK	
Billed for Services			
Referred to Board			

Signature (person in charge of activity)  
 Date: ~~8/23/2020~~ 8/23/2021

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

Cube  
with Atleast 20  
chairs around  
outside of table