

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) <u>15-Mar-16/17</u>		Setup Time	Tear Down Time	Date Request Submitted																										
Activity: Day(s) <u>Wednesday</u>				<u>July 5, 2016</u>																										
Event Time(s) <u>6 pm - 9 pm</u>		<u>12:30 PM</u>	<u>8:30-9 pm</u>	Room(s) / Area Requested:																										
Name of Organization and Event Being Held Ralph Phillips Business Partner of the Year Dinner		Number of Persons Attending Meeting 100		Cafeteria																										
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																												
Contact Person: <u>Becki Kimmel</u>		Business Name: _____																												
Phone Numbers: Home: _____		Contact Person: _____																												
Work: <u>ext. 42101</u> Cell: _____		Phone Number: _____																												
PCTC Requested Services: (Identify No. Needed)		Address: _____																												
<table border="0"> <tr> <td><u>Café</u> OR</td> <td></td> </tr> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Culinary Arts</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Breakfast</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Dinner</td> </tr> </table>		<u>Café</u> OR		<u>Room Setup</u>	<u>Electronic</u>	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access		<input checked="" type="checkbox"/> Culinary Arts		<input type="checkbox"/> Drinks		<input type="checkbox"/> Snacks		<input type="checkbox"/> Breakfast		<input type="checkbox"/> Luncheon		<input checked="" type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>Round tables from EZ Rental</u>		
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For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <u>design to be shared with RSVP confirmed</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																												

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	<u>6/29/14</u>	<u>MB</u>
Billed for Services		
Referred to Board		

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.

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: 7-1-16

Thank you for selecting Pioneer for your event!