

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) 6-Apr-17		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) Thursday				July 5, 2016																					
Event Time(s) 6 pm - 9 pm		12:30 PM	8:30-9 pm	Room(s) / Area Requested:																					
Name of Organization and Event Being Held All Board / Administrator Dinner		Number of Persons Attending Meeting 200		Cafeteria																					
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: Becki Kimmel		Business Name: _____																							
Phone Numbers: Home: _____		Contact Person: _____																							
Work: ext. 42101 Cell: _____		Phone Number: _____																							
PCTC Requested Services: (Identify No. Needed)		Address: _____																							
<table border="0"> <tr> <td>Room Setup</td> <td>Electronic</td> <td><u>Café</u> OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input checked="" type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td>Drinks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td>Snacks</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td>Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td>Luncheon</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Dinner</td> </tr> </table>		Room Setup	Electronic	<u>Café</u> OR	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Culinary Arts	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	Drinks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	Snacks	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	Breakfast	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	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: _____ _____ _____		
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For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <i>will be provided AFTER</i> <i>RSVP received</i>		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	6/29/2016	WJB
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: 7-1-16

Thank you for selecting Pioneer for your event!!

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.

Revised 07/15