

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) 18-Dec-17		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Monday				November 30, 2017
Event Time(s) 5:30 PM		1:00 PM	7:00 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held Pioneer Board of Education / Administration Holiday Dinner		Number of Persons Attending Meeting 25		Pioneer Room
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. 42191 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<p><u>Café</u> OR</p> <p><u>Room Setup</u> <u>Electronic</u> <input checked="" type="checkbox"/> <u>Culinary Arts</u></p> <p><input checked="" type="checkbox"/> Chairs _____ Microphone _____ Drinks</p> <p><input checked="" type="checkbox"/> Tables _____ Ovrhd. Proj. _____ Snacks</p> <p>_____ Chalkboard _____ Video Camera _____ Breakfast</p> <p>_____ Lectern _____ Video Recorder _____ Luncheon</p> <p>_____ Coat Racks _____ Internet Access <input checked="" type="checkbox"/> Dinner</p>		<p>If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u></p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: _____</p>		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No See back		if used for this event: November 30, 2017		

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	11/30/17	<i>[Signature]</i>
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.

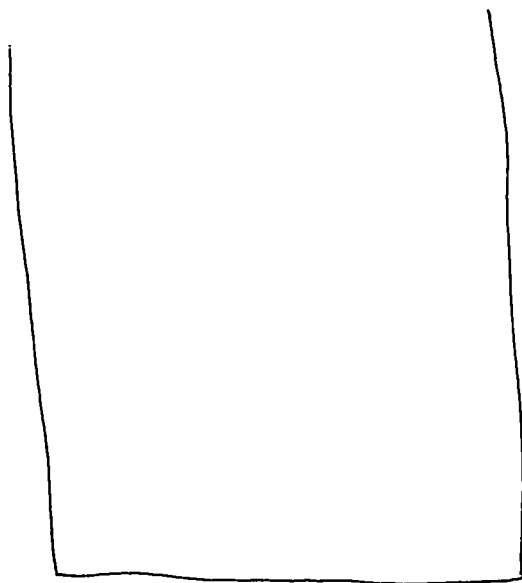
[Signature: Becki Kimmel]
Signature (person in charge of activity)

Date: 11/30/2017

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



U
shaped
with
chains

around outside
if possible to
get all 25 on the
outside - if not
use inside as well —

doesn't matter if opening of
"U" is by window or by TV side
whichever is easier for sewing —