

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) 16-Aug-18	Setup Time	Tear Down Time	Date Request Submitted July 31, 2018
Activity: Day(s) Thursday	7:30 AM		Room(s) / Area Requested: Community Room
Event Time(s) 8 am - 3 pm			
Name of Organization and Event Being Held NEW Staff Orientation Day		Number of Persons Attending Meeting 26-30	
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: _____	
<input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<input checked="" type="checkbox"/> <u>Room Setup</u> <input checked="" type="checkbox"/> <u>Chairs</u> <input checked="" type="checkbox"/> <u>Tables</u> <input type="checkbox"/> <u>Chalkboard</u> <input type="checkbox"/> <u>Lectern</u> <input type="checkbox"/> <u>Coat Racks</u>	<input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Microphone</u> <input type="checkbox"/> <u>Ovrhd. Proj.</u> <input type="checkbox"/> <u>Video Camera</u> <input type="checkbox"/> <u>Video Recorder</u> <input type="checkbox"/> <u>Internet Access</u>	<input type="checkbox"/> <u>Drinks</u> <input type="checkbox"/> <u>Snacks</u> <input checked="" type="checkbox"/> <u>Breakfast</u> <input type="checkbox"/> <u>Luncheon</u> <input type="checkbox"/> <u>Dinner</u>	Estimated time of arrival at Pioneer for setup/delivery: _____
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Other/Specify: _____	
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: Cafeteria - 7/31/2018	

Part II - To be completed by PCTC Personnel

Responsibility Notice

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	7/31/2018	Becki Kimmel
Billed for Services		
Referred to Board		

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: 7/31/2018

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

White Board

Podium
open ↑

set up.

U-shape

for 25

Food Counter

small
table

for
handouts