

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) 10/25/18 2/14/19 4/25/2019		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Thursday		7:30 AM		August 17, 2018
Event Time(s) 8 am - 12 pm				Room(s) / Area Requested:
Name of Organization and Event Being Held District Superintendent's Meetings		Number of Persons Attending Meeting 25		Board Office Conference 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: 42101 Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Drinks <input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Snacks <input type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Breakfast <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input checked="" type="checkbox"/> Luncheon <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Dinner <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access		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 type="checkbox"/> Yes or <input type="checkbox"/> No		Date of contact with Cafeteria/Culinary Arts Services if used for this event: Cafeteria 8/20/18		

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			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.
Action Taken	Date	By	
Approved and Booked	8/20/18	<i>[Signature]</i>	
Billed for Services			
Referred to Board			

Signature (person in charge of activity)
Date: 8/17/2018

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