Building Utilization Request

Pioneer CAREER & TECHNOLOGY CENTER

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

1st Activity: Date(s) **09/02/2020; 10/7/2020; 11/04/2**	Setup Time	Tear Down Time	Date Request Submitted
Day(s) **Wednesday** of month			**August 25, 2020**
Event Time(s) **10 am - 11:30**	**10:00 AM**	**after mtg**	Room(s) / Area Requested: **Community Room**

Name of Organization and Event Being Held
September-May Projects Meeting; 9/2; 10/7; 11/4; 12/2/ 1/6/2021; 2/3; 3/3;4/7 and 5/5/2021

Number of Persons Attending Meeting: **14**

Address

Contact Person: **Becki Kimmel**

Phone Numbers: Home: _____ Work: _____ **ext. 42101** Cell: _____

Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)

Business Name: _____

Contact Person: _____

Phone Number: _____

Address: _____

PCTC Requested Services: (Identify No. Needed)

Room Setup	Electronic	Café OR Culinary Arts
x Chairs	___ Microphone	___ Drinks
x Tables	___ Ovrhd. Proj.	___ Snacks
___ Chalkboard	___ Video Camera	___ Breakfast
___ Lectern	___ Video Recorder	___ Luncheon
___ Coat Racks	___ Internet Access	___ Dinner

For specific room setup, see attached design: (check one)
x **Yes** or ___ **No** See back

If specific hookup/utility needs are required see attached: (check one) ___ **Yes** or ___ **No**

Estimated time of arrival at Pioneer for setup/delivery: _____

Other/Specify: _____

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	8/25/2020	MFH
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)

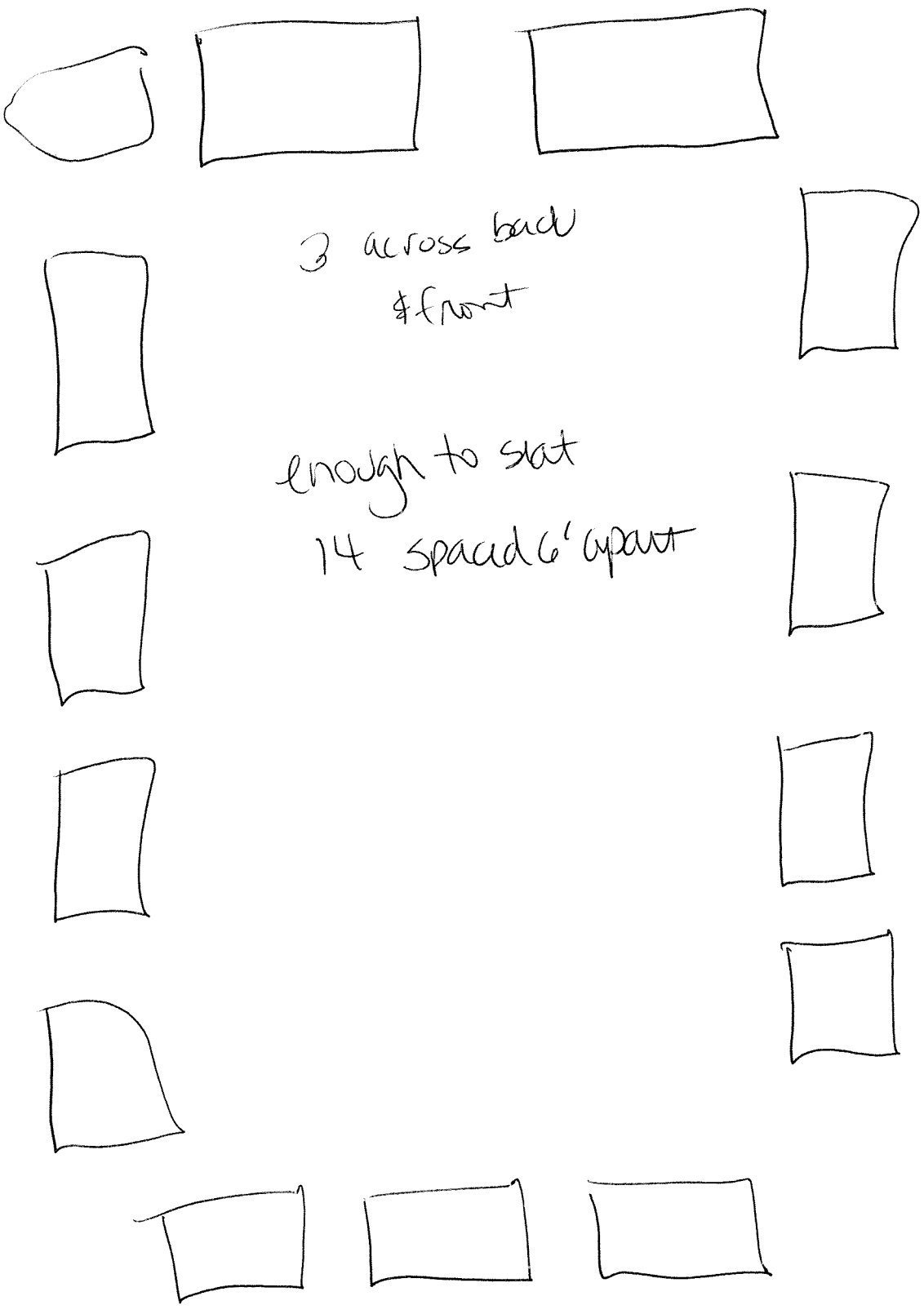
Date: 8/25/2020

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

counter



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