

Building Utilization Request

Pioneer

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) 10/27/22; 2/23/23 & 4/20/23 | | Setup Time 7:15 AM | Tear Down Time after mtg | Date Request Submitted August 10, 2022 |
| Activity: Day(s) Thursdays | | | | Room(s) / Area Requested: Board of Education Conference Room |
| Event Time(s) 8 am - 10 am | | | | |
| Name of Organization and Event Being Held District Superintendent's Meetings | | Number of Persons Attending Meeting 25 | | |
| 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: _____ | | |
| <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 type="checkbox"/> Room Setup <input type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Chalkboard <input type="checkbox"/> Lectern <input type="checkbox"/> Coat Racks | <input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> Microphone <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Video Camera <input type="checkbox"/> Video Recorder <input type="checkbox"/> Internet Access | <input type="checkbox"/> <u>Drinks</u> <input type="checkbox"/> Snacks <input checked="" type="checkbox"/> <u>Breakfast</u> <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner | Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____ | |
| For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No | | Date of contact with Cafeteria/Culinary Arts Services if used for this event: August 10, 2022 | | |

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.

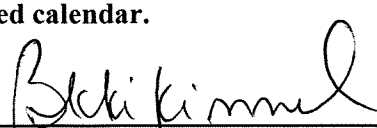
Upon receipt of invoice, please make check payable to:
Pioneer CTC

| | | |
|---------------------|-------------|-----------|
| Action Taken | Date | By |
| Approved and Booked | 8/10/22 | kwk |
| 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.


Signature (person in charge of activity)

Date: 8/10/2022

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!