## **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	ng building uti	lization		
Date(s) <b>21-Dec-23</b>	Setup Time	Tear Down	Date Request Submitted	
Activity: Day(s) Thursday		Time	October 20, 2023	
Event Time(s) <b>7:30-9:00</b>	7:00 AM	9:30 AM	Room(s) / Area Requested:	
Name of Organization and Event Being Held	Number o		Pioneer Room	
Christmas Gala hosted by Pioneer Board of Educati		•		
staff for staff and retirees		50-100		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: Becki Kimmel	Business N	Business Name:		
Phone Numbers: Home:	Contact Pe	Contact Person:		
Work: ext. 42101 Cell:	Phone Nun	Phone Number:		
	Address:			
PCTC Requested Services: (Identify No. Needed)	If specific l	If specific hookup/utility needs are required see attached:		
<b>x</b> <u>Café</u> OR	<b>!</b> `	(check one)Yes orNo		
Room Setup <u>Electronic</u> <u>X</u> <u>Culinary Art</u>	Estimated	Estimated time of arrival at Pioneer for setup/delivery:		
x Chairs Microphone x Drinks	-			
x TablesOvrhd. ProjSnacks	1 *	Other/Specify: Per Greg's 10/20/23 email to Café		
Chalkboard Video Camera Breakfar	st and Cul	and Culinary Arts staff - Will provide drinks		
Lectern Video Recorder Lunched	on and trea	and treats		
Coat Racks Internet Access Dinner	-			
For specific room setup, see attached design: (check one)	Date of co	Date of contact with Cafeteria/Culinary Arts Services		
x Yes or No gapplike previous	if used for	if used for this event: October 20, 2023		
Part II - To be completed by PCTC Personnel		Respo	nsibility Notice	
Estimate Calculation of Fees: Attach any pertinent paper	rs. It is und	It is understood that our organization assumes full		
Rental individual fable of 4	_	responsibility for any damage to the building and		
Custodial Services	equipme	nt.		
Food Services	A Securi	ity Deposit in t	the amount of \$	
Other		is required to confirm scheduling. This will be		
Total Fee Estimate	1	applied to final invoice upon satisfactory complete of event/activity.		
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.		•		
Upon receipt of invoice, please make check payable t		Any and all information on this form may be shared with the public through our publicly		
Pioneer CTC		accessed calendar.		
Action Taken Date By		000	1/.	
Action Taken Approved and Booked    Date   By   Cw   C		12 du 1	Kinnel	
Billed for Services		Signature (person in charge of activity)		
Referred to Board	Date: <u>10</u>	Date: 10/20/2023		

these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.