

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) 14-Aug-20		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) FRIDAY				August 5, 2020
Event Time(s) 10:30 - 2:30 PM		9:00 AM	3:00 PM	Room(s) / Area Requested:
Name of Organization and Event Being Held Administrator / Board Goals Retreat		Number of Persons Attending Meeting 30		Pioneer Room Restaurant
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 type="checkbox"/> Café OR <input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input checked="" type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <i>Coffee & water</i> <input type="checkbox"/> Snacks <input type="checkbox"/> Chalkboard <input type="checkbox"/> Video Camera <input type="checkbox"/> Breakfast <input type="checkbox"/> Lectern <input type="checkbox"/> Video Recorder <input type="checkbox"/> Luncheon <input type="checkbox"/> Coat Racks <input type="checkbox"/> Internet Access <input type="checkbox"/> Dinner		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No		
For specific room setup, see attached design: (check one)		Estimated time of arrival at Pioneer for setup/delivery: _____		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Other/Specify: <u><i>talked to Jason</i></u> <u><i>8-5-2020</i></u>		
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: Cafeteria		

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		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.	
Action Taken Date By Approved and Booked <i>8/6/2020</i> <i>WLB</i> Billed for Services Referred to Board		Signature (person in charge of activity) <i>Becki Kimmel</i> Date: <i>8/5/2020</i>	

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