

# 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) <b>17-Dec-18</b>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <b>Monday</b>				
Event Time(s) <b>6:00 PM</b>		<b>1:00 PM</b>	<b>8:00 PM</b>	Room(s) / Area Requested: <b>Pioneer Room Restaurant</b>
Name of Organization and Event Being Held <b>Board Member / Administrator Holiday Dinner</b>		Number of Persons Attending Meeting <b>25</b>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <b>Becki Kimmel</b>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <b>42101</b> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<p>Room Setup      Electronic      <u>Café</u> OR</p> <p><input checked="" type="checkbox"/> Chairs      <input type="checkbox"/> Microphone      <input checked="" type="checkbox"/> Culinary Arts</p> <p><input checked="" type="checkbox"/> Tables      <input type="checkbox"/> Ovrhd. Proj.      <input type="checkbox"/> Snacks</p> <p><input type="checkbox"/> Chalkboard      <input type="checkbox"/> Video Camera      <input type="checkbox"/> Breakfast</p> <p><input checked="" type="checkbox"/> Lectern      <input type="checkbox"/> Video Recorder      <input type="checkbox"/> Luncheon</p> <p><input checked="" type="checkbox"/> Coat Racks      <input type="checkbox"/> Internet Access      <input checked="" type="checkbox"/> Dinner</p>		<p>If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u></p> <p>Estimated time of arrival at Pioneer for setup/delivery: _____</p> <p>Other/Specify: _____</p>		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <b>November 30, 2018</b>		
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <i>see back</i>				

### 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	11/30/2018	7415
Billed for Services		
Referred to Board		

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.

### Responsibility Notice

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

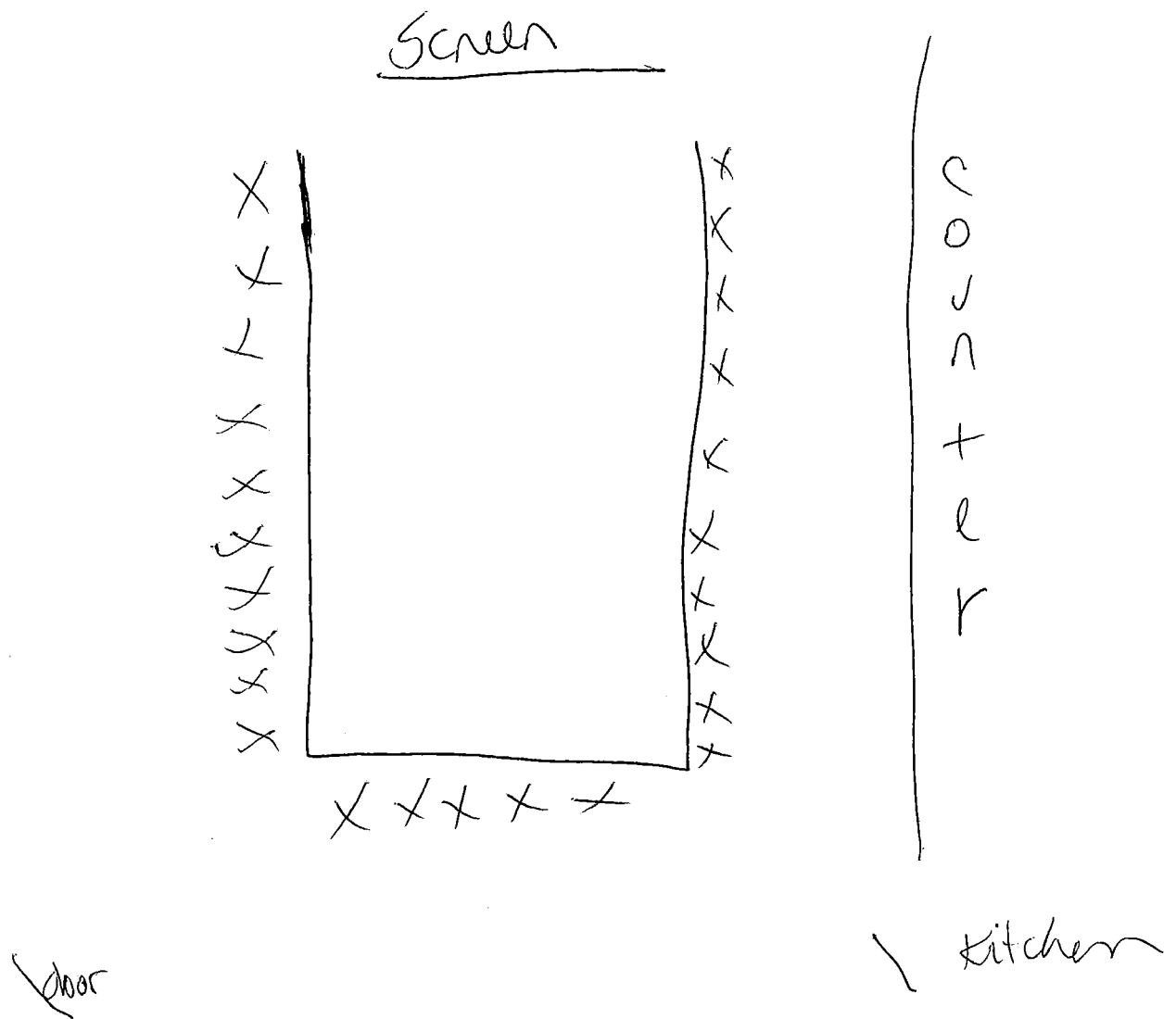
A Security Deposit in the amount of \$ \_\_\_\_\_ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

**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: 11/30/2018

**Thank you for selecting Pioneer for your event!**



Can we sit it up  
so no one has their backs  
to each other?