

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) 17-Dec-18	Setup Time sun 12/16	Tear Down Time mon 12/17	Date Request Submitted December 5, 2018
Activity: Day(s) Monday	Event Time(s)		Room(s) / Area Requested: (W121A) Computer Room Area of Library
Name of Organization and Event Being Held December Board of Education Meeting		Number of Persons Attending Meeting 15-20	
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: 42101 Cell: _____		Phone Number: _____	
PCTC Requested Services: (Identify No. Needed)		Address: _____	
<input checked="" type="checkbox"/> Room Setup <input type="checkbox"/> Electronic <input type="checkbox"/> Café OR <input type="checkbox"/> Culinary Arts <input checked="" type="checkbox"/> Chairs * <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks <input checked="" type="checkbox"/> Tables * <input checked="" type="checkbox"/> Ovrhd. Proj. <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 checked="" 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 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 * See Back		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	

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			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	Becki Kimmel Signature (person in charge of activity) Date: 12/5/2018
Approved and Booked	12/5/18	[Signature]	
Billed for Services			
Referred to Board			

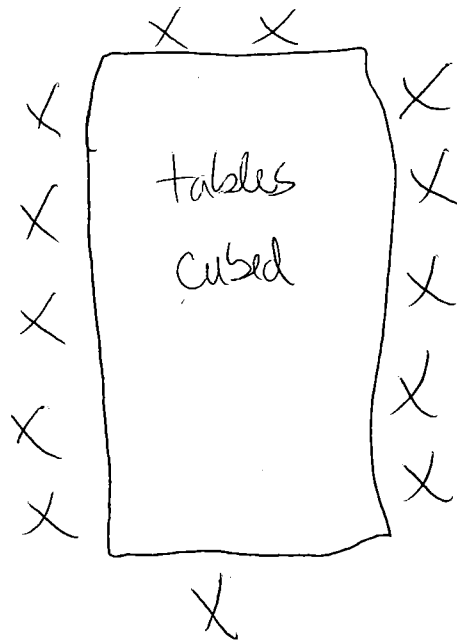
It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.

Thank you for selecting Pioneer for your event!

Revised 07/15

I will need to add items to table for Board & chairs
note by 12/17/18 afternoon - (12:30-1pm) (50 tables need to be
moved there either by Sunday custodians 2nd or 3rd shift)
X Tables & chairs will need
to be taken down from the Community
Room to this W121A Area.

X X X X X



13 chairs around table as shown
for Bd members, Supt & Treasurer

Additional chairs (8 is plenty) in back of room for Admin
& guests who attend