

DATE CHANGE as of 1/5/16

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) 2-Mar-15 2016 <u>March 16, 2016</u> Activity: Day(s) Wednesday <u>wednesday</u> Time(s) <u>1 pm - 9 pm</u> <u>dinner 6pm</u>	Date Request Submitted <p style="text-align: center;">July 16, 2015</p>																		
Name of Organization Ralph Phillips Business Partner of the Year Dinner	Number of Persons Attending Meeting <p style="text-align: center;">80-100</p>																		
Address	Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																		
Contact Person: <u>Becki Kimmel</u> Phone Numbers: Home: _____ Work: <u>ext. 42101</u> Cell: _____	Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____																		
PCTC Requested Services: (Identify No. Needed) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><u>Room Setup</u></td> <td style="width: 33%;"><u>Electronic</u></td> <td style="width: 33%;"><u>Café/Culinary Arts</u></td> </tr> <tr> <td><input type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input checked="" type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input checked="" type="checkbox"/> Dinner</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td></td> </tr> </table> For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>	<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Drinks	<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input type="checkbox"/> Snacks	<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	<input type="checkbox"/> Luncheon	<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	<input checked="" type="checkbox"/> Dinner	<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access		If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>Dinner provided by Culinary Arts</u>
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>																	
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Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>July 16, 2015</u>																			

Part II - To be completed by PCTC Personnel

Estimate Calculation of Fees: Attach any pertinent papers. Rental Custodial Services Food Services Other <p style="text-align: center;">Total Fee Estimate</p>												
Note: Final invoice billing based upon actual costs following the event/activity.												
Upon receipt of invoice, please make check payable to: <p style="text-align: center;">Pioneer CTC</p>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Action Taken</th> <th style="width: 20%;">Date</th> <th style="width: 40%;">By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td style="text-align: center;"><u>7/16/15</u></td> <td style="text-align: center;"><u>[Signature]</u></td> </tr> <tr> <td>Billed for Services</td> <td></td> <td></td> </tr> <tr> <td>Referred to Board</td> <td></td> <td></td> </tr> </tbody> </table>	Action Taken	Date	By	Approved and Booked	<u>7/16/15</u>	<u>[Signature]</u>	Billed for Services			Referred to Board		
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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.

Signature (person in charge of activity)

Date: July 16, 2015

Thank you for selecting Pioneer for your event!