

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) 22-Feb-16		Date Request Submitted
Activity: Day(s) Monday		November 2, 2015
Time(s) 11 am - 1 pm		Room(s) / Area Requested:
Name of Organization Rural Urban Day / shelby Rotary		Arena
Number of Persons Attending Meeting 80-100		
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: _____
<u>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Drinks
<input checked="" type="checkbox"/> Tables	____ Ovrhd. Proj.	____ Snacks
____ Chalkboard	____ Video Camera	<input checked="" type="checkbox"/> Luncheon
____ Lectern	____ Video Recorder	____ Dinner
____ Coat Racks	____ Internet Access	
For specific room setup, see attached design: (check one)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <i>see back</i>		Estimated time of arrival at Pioneer for setup/delivery: _____
		Other/Specify: _____
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: November 2, 2015

Part II - To be completed by PCTC Personnel

Responsibility Notice

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

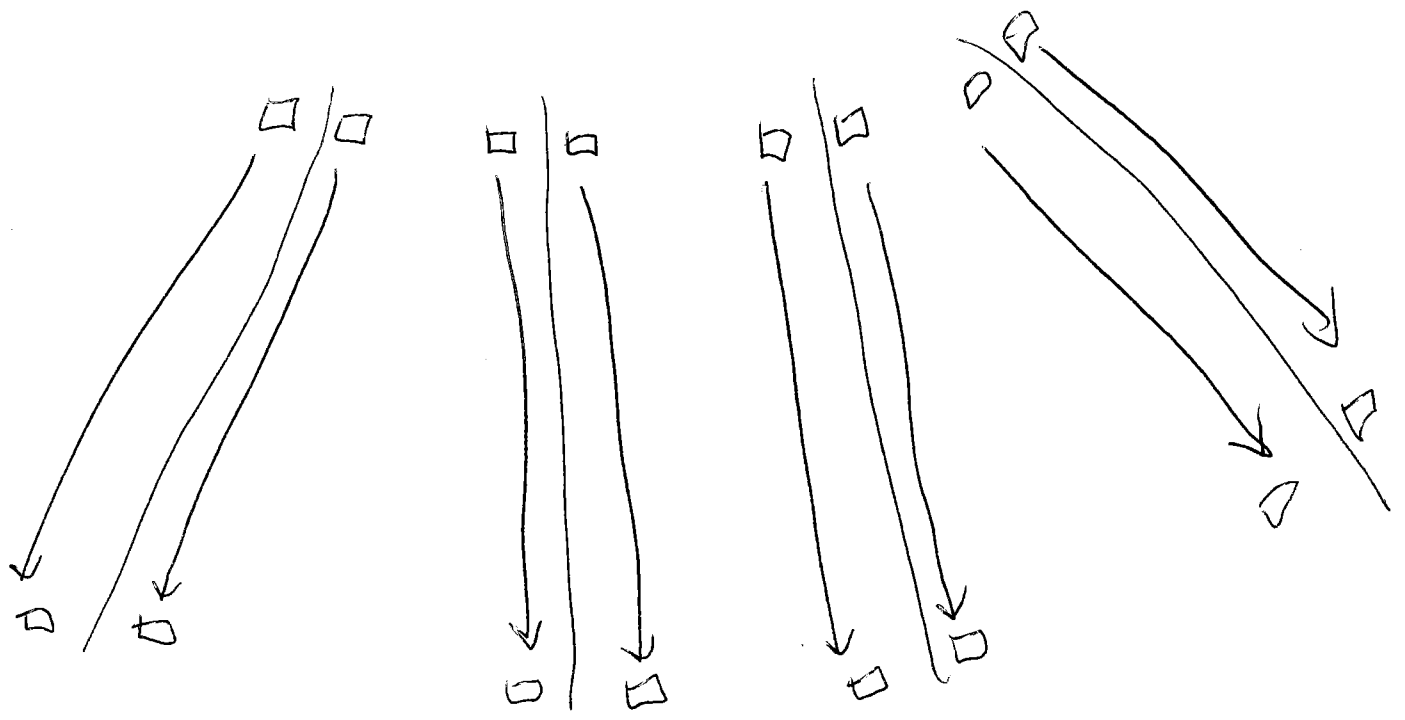
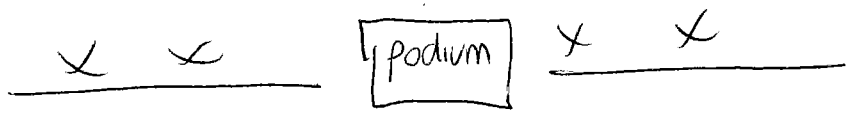
A Security Deposit in the amount of \$ _____ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

Becki Kimmel
Signature (person in charge of activity)

Date: **November 2, 2015**

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												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>11/2/2015</td> <td><i>TKB</i></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	11/2/2015	<i>TKB</i>	Billed for Services			Referred to Board		
Action Taken	Date	By										
Approved and Booked	11/2/2015	<i>TKB</i>										
Billed for Services												
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Thank you for selecting Pioneer for your event!



□ - chairs on Both sides of table