

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) <u>1st Friday of mo Sept., '16 - May, '17</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Friday</u>		<u>NA</u>	<u>NA</u>	<u>June 28, 2016</u>
Event Time(s) <u>8 am - 10 am</u>				Room(s) / Area Requested:
Name of Organization and Event Being Held <u>Open Discussion - District Superintendent's</u>		Number of Persons Attending Meeting <u>15</u>		<u>Board Office Conference Room</u>
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Becki Kimmel</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>ext. 42101</u> Cell: _____		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<input checked="" type="checkbox"/> <u>Café</u> OR <input type="checkbox"/> <u>Culinary Arts</u>		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<input type="checkbox"/> <u>Room Setup</u> <input type="checkbox"/> <u>Chairs</u> <input type="checkbox"/> <u>Tables</u> <input type="checkbox"/> <u>Chalkboard</u> <input type="checkbox"/> <u>Lectern</u> <input type="checkbox"/> <u>Coat Racks</u>	<input type="checkbox"/> <u>Electronic</u> <input type="checkbox"/> <u>Microphone</u> <input type="checkbox"/> <u>Ovrhd. Proj.</u> <input type="checkbox"/> <u>Video Camera</u> <input type="checkbox"/> <u>Video Recorder</u> <input type="checkbox"/> <u>Internet Access</u>	<input type="checkbox"/> <u>Drinks</u> <input type="checkbox"/> <u>Snacks</u> <input checked="" type="checkbox"/> <u>Breakfast</u> <input type="checkbox"/> <u>Luncheon</u> <input type="checkbox"/> <u>Dinner</u>	Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____	
For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>June 28, 2016</u>		

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

Action Taken	Date	By
Approved and Booked	<u>6/29/2014</u>	<u>MSB</u>
Billed for Services		
Referred to Board		

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: 7-1-16

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!