

# 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) <sup>9/8, 10/6, 11/10, 12/8, 1/12/17, 2/9, 3/9, 4/6 and 5/11</sup> Activity: Day(s) <b>2nd Thursday of Mon.</b>		Setup Time <b>n/a</b>	Tear Down Time <b>n/a</b>	Date Request Submitted <b>July 7, 2016</b>
Event Time(s) <b>2:30 - 3:30</b>				Room(s) / Area Requested: <b>Board Office Conference Room</b>
Name of Organization and Event Being Held <b>Labor Management Meeting</b>		Number of Persons Attending Meeting <b>18-20</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>ext. 42101</b> Cell: _____		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
<u>Café</u> OR <u>Culinary Arts</u>	Estimated time of arrival at Pioneer for setup/delivery: _____			
<input type="checkbox"/> Room Setup	<input type="checkbox"/> Electronic	Other/Specify: _____		
<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	_____		
<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	_____		
<input type="checkbox"/> Chalkboard	<input type="checkbox"/> Video Camera	_____		
<input type="checkbox"/> Lectern	<input type="checkbox"/> Video Recorder	_____		
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	_____		
For specific room setup, see attached design: (check one)		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____		
<u>Yes</u> or <u>No</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 ..... <b>Total Fee Estimate</b> ..... <b>Note:</b> Final invoice billing based upon actual costs following the event/activity. Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>			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.  <b>Any and all information on this form may be shared with the public through our publicly accessed calendar.</b>		
<b>Action Taken</b>	<b>Date</b>	<b>By</b>	Signature (person in charge of activity) _____ Date: <u>7/7/2016</u>		
Approved and Booked	<u>7/7/16</u>	<u>[Signature]</u>			
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!**