

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) 18-Apr-17	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) Tuesday	7:00 AM	9:00 AM	February 23, 2017
Event Time(s) 7:45 AM			Room(s) / Area Requested:
Name of Organization and Event Being Held Byron Carmean Breakfast for Candidates and Selection Committee (9 Members)		Number of Persons Attending Meeting 11-15 ?	Pioneer Room Restaurant
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: _____	
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>	
Room Setup <u>Electronic</u> <u>Café</u> OR <u>Culinary Arts</u> <input checked="" type="checkbox"/> Chairs <u>Microphone</u> <u>Drinks</u> <input checked="" type="checkbox"/> Tables <u>Ovrhd. Proj.</u> <u>Snacks</u> <u>Chalkboard</u> <u>Video Camera</u> <input checked="" type="checkbox"/> Breakfast <u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u> <u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u>		Estimated time of arrival at Pioneer for setup/delivery: _____	
For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <u>No</u>		Other/Specify: _____	
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: February 23, 2017	

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.										
<table border="1"> <thead> <tr> <th>Action Taken</th> <th>Date</th> <th>By</th> </tr> </thead> <tbody> <tr> <td>Approved and Booked</td> <td>2/23/17</td> <td><i>[Signature]</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	2/23/17	<i>[Signature]</i>	Billed for Services			Referred to Board			Signature (person in charge of activity) Date: February 23, 2017
Action Taken	Date	By											
Approved and Booked	2/23/17	<i>[Signature]</i>											
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!