

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) October 15, 2015; Feb. 18, 2016 & April 21, 2016		Date Request Submitted July 15, 2015
Activity: Day(s) Thursday		Room(s) / Area Requested: Board of Education Conference Room
Time(s) 8 am - 11 am		
Name of Organization District Superintendent's Meeting	Number of Persons Attending Meeting 20	
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 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 type="checkbox"/> Dinner
<input type="checkbox"/> Coat Racks	<input type="checkbox"/> Internet Access	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		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: Continental Breakfast provided by Cafeteria
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: July 15, 2015

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	7/16/15	[Signature]
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.

Becki Kimmel
Signature (person in charge of activity)

Date: **July 15, 2015**

Thank you for selecting Pioneer for your event!