

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>10/19/2017; 2/15/2018 & 4/19/2018</u> | | Setup Time | Tear Down Time | Date Request Submitted |
| Activity: Day(s) <u>Thursday</u> | | | | <u>June 29, 2017</u> |
| Event Time(s) <u>8:00 AM</u> | | <u>7:30 AM</u> | <u>10:30 AM</u> | Room(s) / Area Requested: |
| Name of Organization and Event Being Held <u>District Superintendent's Meeting</u> | | Number of Persons Attending Meeting <u>20</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: _____ | | |
| 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>X</u> Café OR | | Estimated time of arrival at Pioneer for setup/delivery: _____ | | |
| <u>Room Setup</u> <u>Electronic</u> <u>Culinary Arts</u> | | Other/Specify: _____ | | |
| <u>Chairs</u> <u>Microphone</u> <u>Drinks</u> | | _____ | | |
| <u>Tables</u> <u>Ovrhd. Proj.</u> <u>Snacks</u> | | _____ | | |
| <u>Chalkboard</u> <u>Video Camera</u> <u>X</u> Breakfast | | _____ | | |
| <u>Lectern</u> <u>Video Recorder</u> <u>Luncheon</u> | | _____ | | |
| <u>Coat Racks</u> <u>Internet Access</u> <u>Dinner</u> | | _____ | | |
| For specific room setup, see attached design: (check one) | | Date of contact with Cafeteria/Culinary Arts Services if used for this event: <u>June 29, 2017</u> | | |
| <u>Yes</u> or <u>No</u> | | | | |

Part II - To be completed by PCTC Personnel

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>7/3/2017</u> | <u>[Signature]</u> |
| Billed for Services | | |
| Referred to Board | | |

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.

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: 29-Jun-17

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!