

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) Feb. 5, 2016; March 4, 2016; April 1, 2016 & May 6 Activity: Day(s) Friday Time(s) 8 am - 10 am	Date Request Submitted <p style="text-align: center;">July 15, 2015</p>																		
Name of Organization Superintendent's Open Discussion	Number of Persons Attending Meeting <p style="text-align: center;">15</p>																		
Address Contact Person: Becki Kimmel Phone Numbers: Home: _____ Work: ext. 42101 Cell: _____	Room(s) / Area Requested: Board of Education conference room																		
PCTC Requested Services: (Identify No. Needed) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Room Setup</td> <td style="border-bottom: 1px solid black;">Electronic</td> <td style="border-bottom: 1px solid black;">Café/Culinary Arts</td> </tr> <tr> <td><input type="checkbox"/> Chairs</td> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> Drinks</td> </tr> <tr> <td><input type="checkbox"/> Tables</td> <td><input type="checkbox"/> Ovrhd. Proj.</td> <td><input checked="" type="checkbox"/> Snacks</td> </tr> <tr> <td><input type="checkbox"/> Chalkboard</td> <td><input type="checkbox"/> Video Camera</td> <td><input type="checkbox"/> Luncheon</td> </tr> <tr> <td><input type="checkbox"/> Lectern</td> <td><input type="checkbox"/> Video Recorder</td> <td><input type="checkbox"/> Dinner</td> </tr> <tr> <td><input type="checkbox"/> Coat Racks</td> <td><input type="checkbox"/> Internet Access</td> <td></td> </tr> </table> For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	Room Setup	Electronic	Café/Culinary Arts	<input type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks	<input type="checkbox"/> Tables	<input type="checkbox"/> Ovrhd. Proj.	<input checked="" 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		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) Business Name: _____ Contact Person: _____ Phone Number: _____ Address: _____ 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: Muffins / Sweet rolls provided by Cafeteria Date of contact with Cafeteria/Culinary Arts Services if used for this event: July 15, 2015
Room Setup	Electronic	Café/Culinary Arts																	
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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	7/16/15	[Signature]
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.

 Signature (person in charge of activity)

Date: **July 15, 2015**

Thank you for selecting Pioneer for your event!