

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) 14-Mar-18		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) Wednesday		12:30 PM	8:30-9 pm	6/29/2017 — 12/22/2017																					
Event Time(s) 6 pm - 9 pm				Room(s) / Area Requested: Cafeteria																					
Name of Organization and Event Being Held Ralph Phillips Business Partner of the Year Dinner		Number of Persons Attending Meeting 100																							
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: _____																							
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR</td> </tr> <tr> <td><input checked="" type="checkbox"/> Chairs</td> <td><input checked="" type="checkbox"/> Microphone</td> <td><input checked="" type="checkbox"/> Culinary Arts</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tables</td> <td><input checked="" type="checkbox"/> Ovrhd. Proj.</td> <td>___ Drinks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Snacks</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td>___ Luncheon</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Microphone	<input checked="" type="checkbox"/> Culinary Arts	<input checked="" type="checkbox"/> Tables	<input checked="" type="checkbox"/> Ovrhd. Proj.	___ Drinks	___ Chalkboard	___ Video Camera	___ Snacks	___ Lectern	___ Video Recorder	___ Breakfast	___ Coat Racks	___ Internet Access	___ Luncheon			<input checked="" type="checkbox"/> Dinner	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u> Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: _____ _____ _____		
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For specific room setup, see attached design: (check one) <input checked="" type="checkbox"/> Yes or <u>No</u>		Date of contact with Cafeteria/Culinary Arts Services if used for this event: June 29, 2017																							

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	12/22/17	<i>Becki Kimmel</i>
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: 6/29/2017 *W. Sid* 12-22-17

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!