

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) 9-Oct-15		Date Request Submitted September 1, 2015
Activity: Day(s) Friday		Room(s) / Area Requested: Community Room
Time(s) 2:00 - 3:30 pm		
Name of Organization Shelby Public Health / Flu Shot Clinic for Pioneer Staff	Number of Persons Attending Meeting 25	
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>	If specific hookup/utility needs are required see attached: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<input type="checkbox"/> Chairs <input type="checkbox"/> Microphone <input type="checkbox"/> Drinks	Estimated time of arrival at Pioneer for setup/delivery: _____	
<input checked="" type="checkbox"/> Tables <input type="checkbox"/> Ovrhd. Proj. <input type="checkbox"/> Snacks	Other/Specify: _____	
<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	Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____	
For specific room setup, see attached design: (check one) <input type="checkbox"/> Yes or <input type="checkbox"/> No		

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	9/2/15	[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: **September 1, 2015**

Thank you for selecting Pioneer for your event!