

Building Utilization Request



Pioneer Career and Technology Center

ATTN: Director of Business Affairs
27 Ryan Road, Shelby, OH 44875

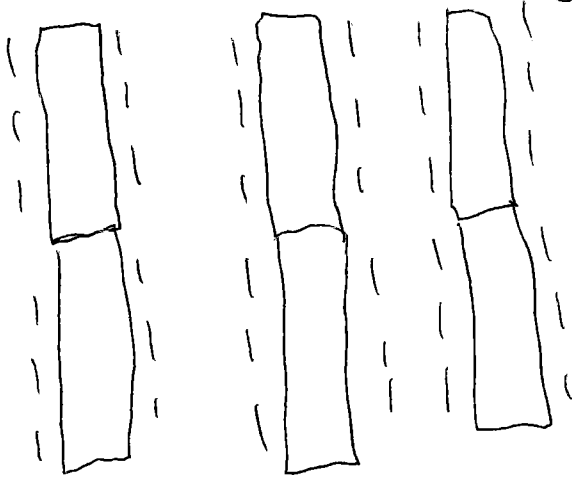
Part I - To be completed by organization requesting building utilization

Date(s) 28-Oct-16		Date Request Submitted
Activity: Day(s) Friday		August 24, 2016
Time(s) 2 - 3:30 pm		Room(s) / Area Requested:
Name of Organization Flu Shot Clinic		Community Room
Number of Persons Attending Meeting 30		
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: _____
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>Room Setup</u>	<u>Electronic</u>	<u>Café/Culinary Arts</u>
<input checked="" type="checkbox"/> Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Drinks
<input checked="" 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)		Estimated time of arrival at Pioneer for setup/delivery: _____
<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No <i>su back</i>		Other/Specify: _____
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____

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			<h3>Responsibility Notice</h3> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p><i>Becki Kimmel</i> _____ Signature (person in charge of activity)</p> <p>Date: August 24, 2016</p>		
Action Taken	Date	By	<p>Thank you for selecting Pioneer for your event!</p>		
Approved and Booked	8/25/2016	<i>TKB</i>			
Billed for Services					
Referred to Board					

For paperwork. e. waiting



Shot Stations



Sign on