

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>Sep. 10, 2019</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>October 17, 2019</u> T-TR		<u>4:30</u>	<u>8:00</u>	<u>8-30-19</u>
Event Time(s) <u>5p-8p</u>		Room(s) / Area Requested:		
Name of Organization and Event Being Held		Number of Persons Attending Meeting		<u>FRONT LAWN</u>
<u>Shelby YMCA</u>		<u>15 per hour</u>		
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
<u>111 W. Smiley Ave. Shelby, OH</u>		<u>outdoor soccer</u>		
Contact Person: <u>TRAVIS YORAKUM</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>419 347-1312</u> Cell: <u>765 409 5388</u>		Phone Number: _____		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>TRASH CAN?</u> <u>Café</u> OR		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>Culinary Arts</u>		
<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>Breakfast</u>		
<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)		Estimated time of arrival at Pioneer for setup/delivery: _____		
<u>Yes</u> or <u>No</u>		Other/Specify: <u>They are not getting a pot to place as before</u>		
		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

Action Taken	Date	By
Approved and Booked	<u>7/30/2019</u>	<u>MYB</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.

Signature (person in charge of activity): [Signature]

Date: 8-30-19

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!