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 |
|--|--|
| | Setup Time Tear Down Date Request Submitted |
| Activity. Day(s) Well a Not | 7-7-2020 |
| Event Time(s) 5p-8p Web. 9a-12 Sat. | $3.50 - 4 _{12.00} - 5 _{Room(s) / Area Requested:}$ |
| Name of Organization and Event Being Held | Number of Persons Front lawn |
| Shellov YMCA Flag Football | Attending Meeting 75 Per hour Parking lut |
| Address 111 W Smiley Rd Shelby, OH | Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.) |
| Contact Person: Shane Myers | Business Name: |
| Phone Numbers: Home: | Contact Person: |
| Work: 419 347 1312 Cell: 419 566 7461 | Phone Number: |
| 977 377 7310 com 411 3100 74101 | Address: |
| PCTC Requested Services: (Identify No. Needed) | If specific hookup/utility needs are required see attached: |
| <u>Café</u> OR | (check one) Yes or No |
| Room Setup <u>Electronic</u> <u>Culinary Arts</u> | Estimated time of arrival at Pioneer for setup/delivery: |
| Chairs Microphone Drinks | |
| Tables Ovrhd. Proj. Snacks | Other/Specify: Port - a - Pot |
| Chalkboard Video Camera Breakfast | |
| LecternVideo RecorderLuncheon | |
| Coat Racks Internet Access Dinner | |
| For specific room setup, see attached design: (check one) | Date of contact with Cafeteria/Culinary Arts Services |
| Yes or No | if used for this event: |
| Part II - To be completed by PCTC Personnel | Responsibility Notice |
| $Estimate \ Calculation \ of \ Fees: \ Attach \ any \ pertinent \ papers.$ | It is understood that our organization assumes full |
| Rental | responsibility for any damage to the building and |
| Custodial Services | equipment. |
| Food Services | A Security Deposit in the amount of \$ |
| Other | is required to confirm scheduling. This will be |
| Total Fee Estimate | applied to final invoice upon satisfactory complete of |
| Note: Final invoice billing based upon actual costs following the event/activity. | event/activity. |
| Upon receipt of invoice, please make check payable to: Pioneer CTC | Any and all information on this form may be shared with the public through our publicly accessed calendar. |
| Action Taken Date By | |
| Approved and Booked 7/1/2020 MB | Share Muges |
| Billed for Services | Signature (person in charge of activity) |
| Referred to Board | Date: 7-7-2020 |

It is the policy of Pioneer Career & Technology Center to use Thank you for selecting Pioneer for your event! these funds for the direct use, improvement, and maintenance of the building utilization areas of the school.