

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) April 11th-May 30th	Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) Tuesdays & Thursdays			March 6, 2023																					
Event Time(s) 4:30-5:15 pm	4:00 PM	5:30 PM	Room(s) / Area Requested:																					
Name of Organization and Event Being Held YMCA of NCO-Shelby (Youth Soccer)		Number of Persons Attending Meeting 75	Field																					
Address 111 W. Smiley Ave., Shelby, OH 44875		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																						
Contact Person: Stephanie Faulkner		Business Name: _____																						
Phone Numbers: Home: _____		Contact Person: _____																						
Work: 419 347-1312 ex 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><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Culinary Arts</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td></td> <td></td> <td><u>Dinner</u></td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<u>Chairs</u>	<u>Microphone</u>	<u>Culinary Arts</u>	<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Drinks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Snacks</u>	<u>Lectern</u>	<u>Video Recorder</u>	<u>Breakfast</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Luncheon</u>			<u>Dinner</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>	
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery: _____																						
		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

Action Taken	Date	By
Approved and Booked	3/6/23	[Signature]
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]
Signature (person in charge of activity)

Date: 3/6/2023

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!