

# Building Utilization Request



# Pioneer Career and Tech

ATTN: Director of  
27 Ryan Road, S

## Part I - To be completed by organization requesting building utilization

Date(s) <b>September 5th-October 21st</b>	Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <i>Practice <del>Tuesday</del> / Wednesday 5:30pm</i>			
Event Time(s) <i>Games Saturday 9:30am - 4pm</i>	<b>4pm</b>	<b>7pm</b>	Room(s) / Area

Name of Organization and Event Being Held <b>YMCA of North Central Ohio-Shelby Branch</b> <i>FLAG FOOTBALL</i>	Number of Persons Attending Meeting <b>50-200</b>	<i>East lawn</i>
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Address <b>111 W Smiley Ave., Shelby, OH 44875</b>	Services to be provided by outside person(s) (i.e. caterer, photographer, etc.)
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Contact Person: <b>Stephanie Faulkner</b>	Business Name: _____
Phone Numbers: Home: _____	Contact Person: _____
Work: <b>419-347-1312</b> Cell: <b>567-231-6153</b>	Phone Number: _____

PCTC Requested Services: (Identify No. Needed)	Address: _____
<input type="checkbox"/> Room Setup	If specific hookup/utility needs are required see at (check one) <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
<input type="checkbox"/> Chairs	Estimated time of arrival at Pioneer for setup: _____
<input type="checkbox"/> Tables	Other/Specify: _____
<input type="checkbox"/> Chalkboard	_____
<input type="checkbox"/> Lectern	_____
<input type="checkbox"/> Coat Racks	_____
For specific room setup, see attached design: (check one)	Date of contact with Cafeteria/Culinary Arts if used for this event: _____
<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.	It is understood that our organization assumes responsibility for any damage to the building.
Rental .....	A Security Deposit in the amount of _____ is required to confirm scheduling. This will be returned on final invoice upon satisfactory completion of event.
Custodial Services .....	<b>Any and all information on this form may be made available to the public through our publicly accessed website.</b>
Food Services .....	
Other .....	
<b>Total Fee Estimate</b> .....	
<b>Note:</b> Final invoice billing based upon actual costs following the event/activity.	
Upon receipt of invoice, please make check payable to: <b>Pioneer CTC</b>	

Action Taken	Date	By
Approved and Booked	<i>7/17/23</i>	<i>KJC</i>
Billed for Services		
Referred to Board		

Signature (person in charge of account): \_\_\_\_\_  
Date: \_\_\_\_\_



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# PASS PLAY SCORE

**YOUTH FLAG FOOTBALL**  
**YMCA of NCO-Shelby**

**Registration: June 5th–July 29th**

**Program Duration: Sept. 5th–Oct. 21st**

**Ages: 5–12 years old**

**Member: \$60    Non-Member: \$80**

**Practices: Wednesdays @ 5:30 pm**

**Games: Saturdays @ 9:30 am**



Stephanie Faulkner • [sfaulkner@ymcanco.org](mailto:sfaulkner@ymcanco.org)

Shelby YMCA • 111 W. Smiley Ave. Shelby, OH 44875 • 419-347-1312 ext. 503 • [www.ymcanco.org](http://www.ymcanco.org)