

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>April 8th - May 28th</u>		Setup Time	Tear Down Time	Date Request Submitted
Activity: Day(s) <u>Tuesdays + Thursdays</u>		<u>5:00 pm</u>	<u>5:45 pm</u>	<u>2-11-25</u>
Event Time(s) <u>5:00 pm - 5:45 pm</u>		Room(s) / Area Requested: <u>front field</u>		
Name of Organization and Event Being Held <u>Shelby Ymca Spring Soccer</u>		Number of Persons Attending Meeting		
Address <u>111 W. Smiley Ave.</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Michelle Irey</u>		Business Name: <u>Kurtzman Sanitation</u>		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>Ext. 501</u> <u>419 347-1312</u> Cell: <u>419 612-6295</u>		Phone Number: <u>419-683-3921</u>		
PCTC Requested Services: (Identify No. Needed)		Address: _____		
<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR <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)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>X No</u>		
<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	<u>2/27/25</u>	<u>MIW</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.

Michelle Irey
Signature (person in charge of activity)

Date: 2-11-25

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!

Revised 07/15