

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>9-3 to 10-25-25</u>	Setup Time	Tear Down Time	Date Request Submitted <u>8-19-25</u>
Activity: Day(s) <u>Wed + Sat Morning</u>			Room(s) / Area Requested: <u>front field</u>
Event Time(s) <u>5-7 9-11</u>			
Name of Organization and Event Being Held <u>Shelby YMC A Youth Football</u>		Number of Persons Attending Meeting	

Address 111 West Smiley Ave
Shelby OH 44875

Contact Person: Michele Ircey

Phone Numbers: Home: _____

Work: 419 347-1312 Cell: 419 612-6295

PCTC Requested Services: (Identify No. Needed)

<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)

Yes or No

Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)

Business Name: Kurtzmaier Simulation

Contact Person: _____

Phone Number: _____

Address: _____

If specific hookup/utility needs are required see attached: (check one) Yes or No

Estimated time of arrival at Pioneer for setup/delivery:

Other/Specify: Instructor TJ Houston

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>8/19/25</u>	<u>[Signature]</u>
Billed for Services		
Referred to Board		

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.

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.

Michele Ircey
Signature (person in charge of activity)

Date: 8-19-25

Thank you for selecting Pioneer for your event!