

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>9-8-2020 / 10-29-2020</u>		Setup Time <u>4:30 PM</u>	Tear Down Time <u>7:00 PM</u>	Date Request Submitted <u>7-7-2020</u>
Activity: Day(s) <u>Tues. & Thurs.</u>				
Event Time(s) <u>5p - 7p</u>				
Name of Organization and Event Being Held <u>Shelby YMCA Soccer</u>		Number of Persons Attending Meeting <u>75 per hour</u>		Room(s) / Area Requested: <u>Front lawn. Parking Lot</u>
Address <u>111 W. Smiley Rd. Shelby, OH</u>		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)		
Contact Person: <u>Shane Myers</u>		Business Name: _____		
Phone Numbers: Home: _____		Contact Person: _____		
Work: <u>419 347-1312</u> Cell: <u>419 566 7461</u>		Phone Number: _____		
Address: _____		Address: _____		
PCTC Requested Services: (Identify No. Needed)		If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <input checked="" type="checkbox"/> <u>No</u>		
<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) <u>Yes</u> or <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery: _____ Other/Specify: <u>Port-A-Pots</u> _____ _____ _____		
		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>7/7/2020</u>	<u>MYB</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.

Shane Myers

Signature (person in charge of activity)

Date: 7-7-2020

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