

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) September 5th-October 19th		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) Tuesdays & Thursdays		4:45 PM	5:45 PM	Room(s) / Area Requested: Field																					
Event Time(s) 4:45-6:00 pm																									
Name of Organization and Event Being Held YMCA of NCO-Shelby (Little Kickers Soccer)		Number of Persons Attending Meeting 60																							
Address 111 W Smiley Ave, Shelby		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 Cell: 567 231-6153		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>___ Chairs</td> <td>___ Microphone</td> <td>___ Culinary Arts</td> </tr> <tr> <td>___ Tables</td> <td>___ Ovrhd. Proj.</td> <td>___ Drinks</td> </tr> <tr> <td>___ Chalkboard</td> <td>___ Video Camera</td> <td>___ Snacks</td> </tr> <tr> <td>___ Lectern</td> <td>___ Video Recorder</td> <td>___ Breakfast</td> </tr> <tr> <td>___ Coat Racks</td> <td>___ Internet Access</td> <td>___ Luncheon</td> </tr> <tr> <td></td> <td></td> <td>___ Dinner</td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	___ Chairs	___ Microphone	___ Culinary Arts	___ Tables	___ Ovrhd. Proj.	___ Drinks	___ Chalkboard	___ Video Camera	___ Snacks	___ Lectern	___ Video Recorder	___ Breakfast	___ Coat Racks	___ Internet Access	___ Luncheon			___ Dinner	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

<p>Estimate Calculation of Fees: Attach any pertinent papers.</p> <p>Rental</p> <p>Custodial Services</p> <p>Food Services</p> <p>Other</p> <p>Total Fee Estimate _____</p> <p>Note: Final invoice billing based upon actual costs following the event/activity.</p> <p>Upon receipt of invoice, please make check payable to: Pioneer CTC</p>		<p>Responsibility Notice</p> <p>It is understood that our organization assumes full responsibility for any damage to the building and equipment.</p> <p>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.</p> <p>Any and all information on this form may be shared with the public through our publicly accessed calendar.</p> <p>Signature (person in charge of activity) <i>Stephanie Faulkner</i></p> <p>Date: 7/26/23</p>	
<p>Action Taken</p> <p>Approved and Booked 7/31/23 By <i>JK</i></p> <p>Billed for Services</p> <p>Referred to Board</p>			



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JUST FOR KICKS

LITTLE KICKERS SHELBY YMCA BRANCH

Join the YMCA of North Central Ohio–Shelby Branch for our new program specifically designed for our littlest members. Our little kickers will enjoy an ice cream after each practice. Parent volunteers needed!

Registration: July 31st–August 25th

Ages: 3–7 years old

Members: \$25 **Non-Members:** \$55

Session Dates: September 5th–October 19th

Practices: Tuesdays 5:00–5:45 pm

Games: Thursdays 5:00–5:45 pm

For more information, contact Stephanie Faulkner at
419-347-1312 ext. 503



Stephanie Faulkner • sfaulkner@ymcanco.org

Shelby YMCA • 111 W. Smiley Ave. Shelby, OH 44875 • 419-347-1312 ext. 503 • www.ymcanco.org