

FRANKLIN TOWNSHIP BOARD OF EDUCATION
 P.O. Box 368, Rt. 579
 Quakertown, New Jersey 08868

FACILITY USE APPLICATION

Must be received no later than 2 weeks prior to the BOE meeting.

Scholastic Book Fair / PTA Please Circle One: I II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
 Allison Witkowski 243 Cherryville Road Flemington, NJ 08822 (908) 751-4287
 Responsible Party Street Address Town Zip Phone#
 Alternate Responsible Party Street Address Town Zip Phone#

FACILITY REQUESTED:

New APR Baseball Field Other
 Old APR Soccer Field
 Classroom(s) # Softball Field Weekend Custodian Needed: Yes
 Gymnasium Solar Field (\$30 per hour) No

PURPOSE: Scholastic Book Fair

ACTIVITIES: _____

EQUIPMENT (in house/supplied): We would like to use some tables and chairs

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Time (include set-up & break-down if applicable)	# Participants	# Others
Sept. 21 - Sept. 29	F & M-F	All Day		
Sept. 27	W	5:30-9:30pm (family night)		

- Applicant has received and read Board of Education Policy pertaining to Use of School regulations. Facilities and agrees to abide by rules and Yes No
- Does this activity require waiving of any Board policies? Yes No
- Are any games of chance being held? Yes No
- If yes, State Reg. # _____ Local Permit # _____
- CERTIFICATE OF INSURANCE ATTACHED (OR COPY) Yes No
- Franklin Township Board of Education must be named as the certificate holder, minimum \$1,000,000 coverage
- The above -named organization complies with Federal and State anti-discriminatory laws.
- The applicant understands the Board assumes no responsibility for damage to persons, equipment or vehicles related to the function. The Board's insurance does not apply to groups and their members using the school facilities.
- At the end of each activity the custodian is to be notified of any appropriate repairs.
- THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOOL NOT BEING IN SESSION, OR IF A BLACK SEAL CUSTODIAN CANNOT BE IN ATTENDANCE WHEN REQUIRED.

Allison Witkowski 8/7/17
 Signature of Organization Officer Date

Action Taken by Board of Education on: Date _____ Approved Not Approved

Superintendent or Designee _____ Date _____

Comments: _____

FRANKLIN TOWNSHIP BOARD OF EDUCATION

P.O. Box 368, Rt. 579
Quakertown, New Jersey 08868

FACILITY USE APPLICATION

GS Troop 81304, GSHNJ / SU 83

Please Circle One: I **II** III
Class of Organization (According to Policy)

Name of Organization/Sponsoring Organization: REKA HUERSCHER P.O. BOX 2372 FLEMINGTON 08822 908 240 7672

Responsible Party: KATRINA MANI Street Address: 65 UPPER KINGSTOWN RD Town: PITTSFORD Zip: 08867 Phone#: 908 240 7672

Alternate Responsible Party: _____ Street Address: _____ Town: _____ Zip: _____ Phone#: _____

REQUESTS FOR USE MUST BE RECEIVED BY:

July 1 For School Year Activity Sept-June
July 1 Fall Sports Season Sept-Dec
Nov. 1 Winter Sports Season Jan-Mar
Feb. 1 Spring Sports Season Apr-June
May 1 Summer Use July-Aug

FACILITY REQUESTED:

New APR/Old APR _____ Baseball Field _____
Classroom(s) # 2 Soccer Field _____
Gymnasium _____ Softball Field _____

Other classroom for craft/snack

PURPOSE: Girl Scout meetings (monthly)

ACTIVITIES: crafts, snack, games, gathering,

EQUIPMENT (in house/supplied): none

FACILITIES MODIFICATION (decorations, more furniture): none

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
9/14/17 ; 10/12/17	Thursday 2nd	3:30 - 4:30	10 - 12	
11/9/17 ; 12/14/17	of every month			
11/11/18 ; 2/8/18				
3/8/18 ; 4/12/18				
5/10/18 ; 6/14/18				

Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. Yes No _____

Does this activity require waiving of any Board policies? Yes _____ No

Are any games of chance being held? Yes _____ No

If yes, State Reg. # _____ Local Permit # _____

CERTIFICATE OF INSURANCE ATTACHED (OR COPY) Yes No _____

Franklin Township Board of Education must be named in the users insurance policy as an additional insured.

The above-named organization complies with Federal and State anti-discriminatory laws.

The applicant understands the Board assumes no responsibility for damage to persons, equipment or vehicles related to the function. The Board's insurance does not apply to groups and their members using the school facilities.

At the end of each activity the custodian is to be notified of any appropriate repairs.

THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOOL NOT BEING IN SESSION, OR IF A BLACK SEAL CUSTODIAN CANNOT BE IN ATTENDANCE WHEN REQUIRED.

Signature of Applicant: [Signature] Date: 8/1/17

Action Taken by Board of Education on: Date _____ Approved _____ Not Approved _____

Superintendent or Designee _____ Date _____

Comments: _____