

FRANKLIN TOWNSHIP BOARD OF EDUCATION

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

FACILITY USE APPLICATION

Franklin Township

Please Circle One: I **II** III

Name of Organization/Sponsoring Organization

Class of Organization (According to Policy)

Joanne Hyland 11 Woodland Rd. Pittstown 08867 908-730-7912

Alternate Responsible Party

Street Address

Town

Zip

Phone#

FACILITY REQUESTED:

New APR

Baseball Field

Other \_\_\_\_\_

Old APR

*rainy days*

Soccer Field

Classroom(s) # 1

Softball Field

Weekend Custodian Needed: Yes \_\_\_\_\_  
(\$30 per hour)

Gymnasium

Solar Field \_\_\_\_\_

No \_\_\_\_\_

PURPOSE:

*to give township children organized play*

ACTIVITIES:

*indoor / outdoor games, crafts*

EQUIPMENT (in house/supplied): \_\_\_\_\_

FACILITIES MODIFICATION (decorations, more furniture): \_\_\_\_\_

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
July 10-21	<del>8:30-12:30</del> M-F	8:30-12:30	150	

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 \_\_\_\_\_

*ON RECORD at township building*

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.

*Joanne Hyland*  
Signature of Applicant

*1.16.17*  
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**

501 C3

Hunterdon Hoops

Name of Organization/Sponsoring Organization \_\_\_\_\_ Please Circle One: I II **III**  
 Class of Organization (According to Policy)

Megan Haughey 8 APGAR RD PUTSWAY NJ 08867 908-399-6833  
 Responsible Party Street Address Town Zip Phone#

Katie Teuhene 103 Old Croton Rd FLORENCE NJ 08822 908-310-3817  
 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 X  
 (\$30 per hour)  
 Gymnasium X Solar Field \_\_\_\_\_ No \_\_\_\_\_

**PURPOSE:** Basketball Tournament

**ACTIVITIES:** Basketball

**EQUIPMENT (In house/supplied):** Steamers out/ table @ front for entry / chairs for teams

**FACILITIES MODIFICATION (decorations, more furniture):** \_\_\_\_\_

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
4/22	Sat	1am-3pm	50	20
4/23	Sun	1am-3pm	50	20

- Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. Yes X No \_\_\_\_\_
- Does this activity require waiving of any Board policies? Yes \_\_\_\_\_ No X
- Are any games of chance being held? Yes \_\_\_\_\_ No X

If yes, State Reg. # \_\_\_\_\_ Local Permit # \_\_\_\_\_

- CERTIFICATE OF INSURANCE ATTACHED (OR COPY) Yes X 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.
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Signature of Applicant \_\_\_\_\_ Date 1/19/17

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

Pack 103 / Cub Scouts  
Name of Organization/Sponsoring Organization

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

Scott Turck 50 Lower Kingtown Rd Pittstown 09367 908-735-0291  
Responsible Party Street Address Town Zip Phone#

Elizabeth Turck 50 Lower Kingtown Rd Pittstown 09367 908-735-0291  
Alternate Responsible Party Street Address Town Zip Phone#

FACILITY REQUESTED:

New APR \_\_\_\_\_ Baseball Field \_\_\_\_\_  
Old APR \_\_\_\_\_ Soccer Field \_\_\_\_\_  
Classroom(s) # \_\_\_\_\_ Softball Field \_\_\_\_\_  
Gymnasium \_\_\_\_\_ Solar Field \_\_\_\_\_

Other Theater Rm-Auditorium

Weekend Custodian Needed: Yes \_\_\_\_\_  
(\$30 per hour) No

PURPOSE:

monthly pack meetings

ACTIVITIES:

EQUIPMENT (in house/supplied): tables & chairs

FACILITIES MODIFICATION (decorations, more furniture): \_\_\_\_\_

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
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The 3<sup>rd</sup> Thursday of every month 6p-7p 20-30 for Pack meetings

- 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.
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[Signature] 1/19/17  
Signature of Applicant Date

Action Taken by Board of Education on: Date \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Carol A. Fredericks  
Superintendent or Designee Date

Comments: \_\_\_\_\_

**FRANKLIN TOWNSHIP BOARD OF EDUCATION**

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

**FACILITY USE APPLICATION**

RURAL AWARENESS, INC. Please Circle One: I II **III**  
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

LORA W. JONES 7 SPRINGHILL RD. ANNANDALE · NJ 08801 · 908-735-4271  
Responsible Party Street Address Town Zip Phone#

BROOKS DURBIN 288 WHITE BRIDGE RD. QUAKERTOWN · NJ 08868 · 908-735-5364  
Alternate Responsible Party Street Address Town Zip Phone#

**FACILITY REQUESTED:**

New APR \_\_\_\_\_ Baseball Field \_\_\_\_\_ Other 1837 ONE ROOM SCHOOLHOUSE  
Old APR \_\_\_\_\_ Soccer Field \_\_\_\_\_  
Classroom(s) # \_\_\_\_\_ Softball Field \_\_\_\_\_ Weekend Custodian Needed: Yes \_\_\_\_\_  
Gymnasium \_\_\_\_\_ Solar Field \_\_\_\_\_ (\$30 per hour) No

**PURPOSE:** OPEN SCHOOLHOUSE TO THE COMMUNITY FOR TOURS  
**ACTIVITIES:** SHOWING SCHOOL LIFE IN THE MID-19<sup>TH</sup> CENTURY  
**EQUIPMENT (in house/supplied):** WE SUPPLY BATTERY-OPERATED LANTERNS IF A DARK DAY  
**FACILITIES MODIFICATION (decorations, more furniture):** NA

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>29 MAY 2017</u>	<u>MONDAY,</u> <u>MEMORIAL DAY</u>	<u>(*) 10:00-10:30</u> <u>APPROX 10:30</u> <u>TO 1:00PM</u>	<u>4</u>	<u>EST. GUESTS: 50</u>

- 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 \_\_\_\_\_ **+ WILL BE RENEWED MARCH 29, 2017**
- 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] 3 FEB 2017  
Signature of Applicant Date

Action Taken by Board of Education on: Date \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Superintendent or Designee \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

**(\*) STARTS AFTER MEMORIAL SERVICE BY FIRE COMPANY @ 9:30 AM**

**FRANKLIN TOWNSHIP BOARD OF EDUCATION**

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

**FACILITY USE APPLICATION**

PTA / Please Circle One: I II III  
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)  
 Jennie Thumann PTA 2 Canilla Dr. Pittstown NJ 08867  
 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 \_\_\_\_\_  
 (\$30 per hour)  
 Gymnasium \_\_\_\_\_ Solar Field \_\_\_\_\_ No

**PURPOSE:** READ ACROSS AMERICA DR. SEUSS BREAKFAST

**ACTIVITIES:** BREAKFAST

**EQUIPMENT (in house/supplied):** - TABLES OPENED - 3 Serving tables set up

**FACILITIES MODIFICATION (decorations, more furniture):** \_\_\_\_\_

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
3/2/17	Thursday	6 <sup>30</sup> am - 9am	TBD	

- 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.
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Signature of Applicant \_\_\_\_\_ Date 2/14/17

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**

*PTA Booster*

Please Circle One: I II III

Name of Organization/Sponsoring Organization \_\_\_\_\_ Class of Organization (According to Policy) \_\_\_\_\_

Responsible Party \_\_\_\_\_ Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Alternate Responsible Party \_\_\_\_\_ Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

<b>REQUESTS FOR USE MUST BE RECEIVED BY:</b>			<b>FACILITY REQUESTED:</b>		
July 1	For School Year Activity	Sept-June	New APR/Old APR <input checked="" type="checkbox"/>	Baseball Field	_____
July 1	Fall Sports Season	Sept-Dec	Classroom(s) # _____	Soccer Field	_____
Nov. 1	Winter Sports Season	Jan-Mar	Gymnasium _____	Softball Field	_____
Feb. 1	Spring Sports Season	Apr-June			
May 1	Summer Use	July-Aug	Other _____		

**PURPOSE:** Sports Banquet

**ACTIVITIES:** \_\_\_\_\_

**EQUIPMENT (in house/supplied):** podium, microphone, smartboard for slide show

**FACILITIES MODIFICATION (decorations, more furniture):** all tables set up + kitchen use

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>5/31/17</u>	<u>W</u>	<u>4:15 - 8:30</u>	<u>150</u>	

- 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 on file
- 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.
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Signature of Applicant \_\_\_\_\_ 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

National Pavorisis Foundation  
 Name of Organization/Sponsoring Organization Please Circle One: I II **III**  
Chris Polansky 6600 SW 92nd Ave Suite 300 Portland OR 97223 503-546-8417  
 Responsible Party Street Address Town Zip Phone#

Alternate Responsible Party Street Address Town Zip Phone#

FACILITY REQUESTED:

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

PURPOSE: rest stop for Team NPF Cycle event in NJ  
 ACTIVITIES: cyclists will be stopping for water/snack break  
 EQUIPMENT (in house/supplied): we will supply a 10x10 tent, tables, chairs, and 1-2 porta-toilets  
 FACILITIES MODIFICATION (decorations, more furniture): -n/a-

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>5/19/17</u>	<u>Fri</u>	<u>pm</u>	<u>0</u>	
<u>5/20/17</u>	<u>Sat.</u>	<u>6a-6p</u>	<u>200</u>	

- 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.
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[Signature] 1/30/17  
 Signature of Applicant 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

FTS PTA

Please Circle One: I II III  
(According to Policy)

Name of Organization/Sponsoring Organization: Chad Klasna  
Responsible Party: 83 Quakertown Rd Street Address  
Pittstown NJ Town 08867 Zip 973-229-8619 Phone#

Alternate Responsible Party \_\_\_\_\_ Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

REQUESTS FOR USE MUST BE RECEIVED BY:

FACILITY REQUESTED:

July 1	For School Year Activity	Sept-June	New APR/Old APR	Baseball Field	<u>X</u>	<i>Grass area behind school</i>
July 1	Fall Sports Season	Sept-Dec	Classroom(s) #	Soccer Field	<u>X</u>	
Nov. 1	Winter Sports Season	Jan-Mar	Gymnasium	Softball Field	_____	
Feb. 1	Spring Sports Season	Apr-June				
May 1	Summer Use	July-Aug	Other			

PURPOSE: Fun Fair

ACTIVITIES: bouncy, interactives, crafts, games, food

EQUIPMENT (in house/supplied): garbage pails, tables, chairs, extension cords

FACILITIES MODIFICATION (decorations, more furniture): outside only

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>June 6th 2017</u>	<u>Tuesday</u>	<u>8am-3pm</u>	<u>FTS Students Faculty</u>	<u>-</u>
<u>June 13, 2017</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

- Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. Yes X No \_\_\_\_\_
- Does this activity require waiving of any Board policies? Yes \_\_\_\_\_ No X
- Are any games of chance being held? Yes \_\_\_\_\_ No X
- If yes, State Reg. # \_\_\_\_\_ Local Permit # \_\_\_\_\_
- CERTIFICATE OF INSURANCE ATTACHED (OR COPY) Yes \_\_\_\_\_ No X *online*
- 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.
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Signature of Applicant: Chad Klasna Date: 2/10/17

Action Taken by Board of Education on: \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Superintendent or Designee \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_