

Addendum  
Board Agenda  
March 20, 2017

XI. D. 1. **Approve** the following use of facility request:

Name of Group	Purpose	Location	Days/Dates	Time
Hunterdon Mohawks Lacrosse	Youth Lacrosse Practice	Gym and/or APR (Based on availability.)	Mar. 24, 28, 30, 31, Apr. 4, 6, 7, 11, 13, 2017	6:30 - 8:30 p.m.

**FRANKLIN TOWNSHIP BOARD OF EDUCATION**

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

**FACILITY USE APPLICATION**

Hunterdon Mohawks Lacrosse Club  
Name of Organization/Sponsoring Organization  
Please Circle One: I II III  
Class of Organization (According to Policy)  
Maria Grant 10 Cider Mill Road, Annandale, NJ 08801

*Now Profit*

Responsible Party Street Address Town Zip Phone#  
Michelle Zarish 5 Samuel Willson Lane, Pittstown, NJ 08867 908-797-7344  
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 X Baseball Field \_\_\_\_\_  
Classroom(s) # \_\_\_\_\_ Soccer Field \_\_\_\_\_  
Gymnasium X Softball Field \_\_\_\_\_  
Other \_\_\_\_\_  
Weekend Custodian Needed: Yes \_\_\_\_\_ No X  
(\$30 per hour)

**PURPOSE:** Youth Lacrosse Practice  
**ACTIVITIES:** Lacrosse. Running, throwing, catching, etc...  
**EQUIPMENT (in house/supplied):** We would bring our own equipment  
**FACILITIES MODIFICATION (decorations, more furniture):**

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
March <del>21, 26, 27, 28,</del> 30, 31 April 4, 6, 7, 11, 13, 14	Tu, Th, Fr	6:30-8:30	40	

- 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.
- 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.**

Michelle Zarish *[Signature]* 3/17/17  
Signature of Applicant Date

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

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

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