

**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.**

United NJ AAU Please Circle One: I  II III  
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)  
Megan Haushey 8 APGARRO Pittsboro NJ 08867 908-399-6833  
 Responsible Party Street Address Town Zip Phone#  
Kate Turhine 27 Fox Gap Rd Fomon NJ 08867 908-310-7247  
 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: Basketball Tournament

ACTIVITIES: Basketball

EQUIPMENT (In house/supplied): 4 tables - front door entry + to put scoreclock on.

FACILITIES MODIFICATION (decorations, more furniture): Setup for basketball game - bleachers + chairs for team.

Date(s) Requested	Day(s) of Week	Time (include set-up & break-down if applicable)	# Participants	# Others
<u>APRIL 21</u>	<u>SAT</u>	<u>7am-8pm</u>	<u>50</u>	<u>20</u>
<u>APRIL 22</u>	<u>SUN</u>	<u>7am-8pm</u>	<u>50</u>	<u>20</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 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.**

[Signature] Signature of Organization Officer 10/19/17 Date

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

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

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