

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.

Brownie Troop/ 81292 Please Circle One: I II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Girl Scouts Heart of NJ 908 500-1090
 Responsible Party Street Address Town Zip Phone#
Katie Blew 266 Oak Grove Rd Pitetown, NJ 08867
 Alternate Responsible Party Street Address Town Zip Phone#

FACILITY REQUESTED:

New APR _____ Baseball Field _____ Other Rm# 125 / ~~Art Room~~ / playground
 Old APR _____ Soccer Field _____
 Classroom(s) # _____ Softball Field _____ Weekend Custodian Needed: Yes _____
 (\$30 per hour) No
 Gymnasium _____ Solar Field _____

PURPOSE: Monthly Girl Scout meetings
 ACTIVITIES: Monthly Girl Scout meetings
 EQUIPMENT (in house/supplied): playground
 FACILITIES MODIFICATION (decorations, more furniture): None

Date(s) Requested	Day(s) of Week	Time (include set-up & break-down if applicable)	# Participants	# Others
<u>11/7, 12/5, 1/2,</u>	<u>Tues</u>	<u>after school - 5pm</u>	<u>10-12</u>	
<u>2/6, 3/6, 4/10, 5/1</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) on file 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 of Organization Officer _____ Date 10/1/17

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

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

Franklin Twp Recreation

Please Circle One: I II III

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

MARK MAOZ 216 Sidney P. Hstown NJ 908 500 8448

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: *Rec Basketball*

ACTIVITIES: *Basketball games and practice*

EQUIPMENT (in house/supplied): *Table, Score Board on Saturdays*

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Time (include set-up & break-down if applicable)	# Participants	# Others
<i>Gym 11/20/17 3/22/2018</i>	<i>Tue Wed Thue</i>	<i>7-9</i>	<i>20</i>	<i>5</i>
<i>Gym 12/16/17 3/17/18</i>	<i>SAT</i>	<i>9-4</i>	<i>50</i>	<i>50</i>
<i>Apr. 11/20/17 3/22/18</i>	<i>Mon Tue Wed Thue</i>	<i>7-9</i>	<i>20</i>	<i>5</i>

Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations.

- 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 sent)*

- 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.
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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 Organization Officer *[Signature]* Date *9/28/17*

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

Superintendent or Designee _____ Date _____

Comments: _____

FRANKLIN TOWNSHIP BOARD OF EDUCATION

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Quakertown, New Jersey 08868

FACILITY USE APPLICATION

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

Hustle Basketball /

Please Circle One: I II III

Name of Organization/Sponsoring Organization KEvin McCarron 9 Samuel Wilson Lane, Pittstown, NJ 08867 (908) 625-4721
Class of Organization (According to Policy)

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 X Solar Field _____ (\$30 per hour) No X

PURPOSE: Basketball practice

ACTIVITIES: Basketball

EQUIPMENT (in house/supplied): _____

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Time (include set-up & break-down if applicable)	# Participants	# Others
10/1/17 - 6/20/18	Monday thru and	6-9pm	15	
10/23/17 - 6/1/18	Friday	6:30 - 9:30		

• 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 _____

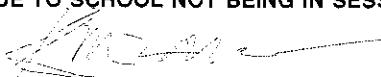
• Franklin Township Board of Education must be named as the certificate holder, minimum \$1,000,000 coverage.

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• 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.**

 9/26/17

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

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

Girl Scout

Troop 80104 / Girl Scouts Heart of NJ
Name of Organization/Sponsoring Organization Please Circle One: I II III
Class of Organization (According to Policy)
Jacqueline Bradley 184 Lower Oak Grove Rd Flemington, NJ 08825 (908) 966-1061
Responsible Party Street Address Town Zip Phone#
Robin Cetano 103 Allens Corner Rd Flemington, NJ 08822 (908) 217-7843
Alternate Responsible Party Street Address Town Zip Phone#

FACILITY REQUESTED:

New APR Baseball Field Other _____
Old APR Soccer Field
Classroom(s) # 125 Softball Field Weekend Custodian Needed: Yes _____
(\$30 per hour)
Gymnasium Solar Field No

PURPOSE: Girl Scout meeting
ACTIVITIES: arts + crafts
EQUIPMENT (In house/supplied): table / chairs
FACILITIES MODIFICATION (decorations, more furniture): N/A

Date(s) Requested	Day(s) of Week	Time (include set-up & break-down if applicable)	# Participants	# Others
<u>3rd Thursday of month</u>	<u>Thursdays</u>	<u>6:30 - 8:00pm</u>	<u>12-14</u>	<u>0</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.
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Jacqueline Bradley 9/18/17
Signature of Organization Officer Date

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

Superintendent or Designee _____ Date _____

Comments: _____

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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.

FTS PTA / Please Circle One: ① II III
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Jacqueline Bradley 184 Lower Oak Grove Rd. Frenchtown, NJ 08825 (908) 966-1061
Responsible Party Street Address Town Zip Phone#

Alternate Responsible Party Street Address Town Zip Phone#

FACILITY REQUESTED:

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

PURPOSE: PTA Meeting

ACTIVITIES: Meeting

EQUIPMENT (In house/supplied): Tables/chairs

FACILITIES MODIFICATION (decorations, more furniture): NO

Date(s) Requested	Day(s) of Week	Time (include set-up & break-down if applicable)	# Participants	# Others
<u>1st Thursday each month</u>	<u>Thursday</u>	<u>7:00 - 9:00 pm</u>	<u>10-20</u>	<u>0</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 # _____
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Jacqueline Bradley / 9/18/17
Signature of Organization Officer Date

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

Superintendent or Designee _____ Date _____

Comments: _____