

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.

PTA / SCHOOL STORE Please Circle One: I II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

PTA 226 Quakertown Rd Quakertown 08868
 Responsible Party Street Address Town Zip Phone#

J Thumann 2 Caniba Dr. 08867 732-7186999
 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: SCHOOL STORE
 ACTIVITIES: CHILDREN PURCHASE SCHOOL ITEMS.
 EQUIPMENT (in house/supplied): 2 LONG TABLES PLEASE
 FACILITIES MODIFICATION (decorations, more furniture): —

Date(s) Requested	Day(s) of Week	Time (include set-up & break-down if applicable)	# Participants	# Others
Oct. 25, Jan 10	wed	All lunch	3-5 Parent	
Mar. 7, Apr. 18		Periods	Volunteers	

- 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) N/A. Yes _____ No _____
- Franklin Township Board of Education must be named as the certificate holder, minimums \$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: 9/8/17

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

Superintendent or Designee _____ Date _____

Comments: _____

Revised: August, 2017

SHOULD DATE BE CANCELLED FOR SNOW AN ALTERNATE DAY WILL BE CHOSEN. Thank you.

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
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Karen Obiedzinski 91 Sky Manor Rd, Pittstown 08867 (908) 996-7919
 Responsible Party Street Address Town Zip Phone#
Allison Witkowski 243 Cherryville Rd, Flemington 08822 (908) 751-4287
 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 _____
 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 Library

PURPOSE: Holiday Workshop
ACTIVITIES: Children purchase holiday gifts.
EQUIPMENT (in house/supplied): Tables and a couple of chairs
FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Nov. 28, 2017</u>	<u>Tuesday / Su</u>	<u>9-2</u>	<u>2</u>	
<u>Nov. 29, 30th Dec. 1</u>	<u>Wed-Fri.</u>	<u>9-2</u>	<u>10</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.
- THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOOL NOT BEING IN SESSION, OR IF A BLACK SEAL CUSTODIAN CANNOT BE IN ATTENDANCE WHEN REQUIRED.

Karen Obiedzinski
 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

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

Cub Scout Pack 108
Name of Organization/Sponsoring Organization

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

Scott Turek 50 Lower Kingtained P, Hstown 08867 - 908-892-1679
Responsible Party Street Address Town Zip Phone#

Elizabeth Turek same as above 908-735-0291
Alternate Responsible Party Street Address Town Zip Phone#

FACILITY REQUESTED:

New APR X Baseball Field _____ Other: Theater room downstairs
Old APR _____ Soccer Field _____ Cafeteria
Classroom(s) # _____ Softball Field _____ Weekend Custodian Needed: Yes _____
Gymnasium _____ Solar Field _____ (\$30 per hour) No ✓

PURPOSE: Pack meetings
ACTIVITIES: Pack meeting & All Scouts
EQUIPMENT (in house/supplied): _____
FACILITIES MODIFICATION (decorations, more furniture): none

Date(s) Requested	Day(s) of Week	Time (include set-up & break-down if applicable)	# Participants	# Others
October to June 2017 - 2018	2 nd Thursday of every month	6:30p - 7:30p	40	X

- 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 ✓ (awaiting to receive from BSA - will provide once received)
- 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.

Elizabeth Turek Signature of Organization Officer Date 9/5/17

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

Superintendent or Designee _____ Date _____

Comments: _____