

FRANKLIN TOWNSHIP BOARD OF EDUCATION  
P.O. Box 368, Rt. 579  
Quakertown, New Jersey 08868

FACILITY USE APPLICATION

*FTS Pm 1*

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

Name of Organization/Sponsoring Organization: *Vivan Paulter 240 Oak Grove Rd Pittstown NJ 908-328-2257*  
Responsible Party: \_\_\_\_\_ Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

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  Baseball Field \_\_\_\_\_
- Classroom(s) # \_\_\_\_\_ Soccer Field \_\_\_\_\_
- Gymnasium  Softball Field \_\_\_\_\_
- Other \_\_\_\_\_

*K-5th grade in gym  
6-8th grade w APR*

PURPOSE: *Science Expo 2014 ~~Friday~~*

ACTIVITIES: *Display of FTS Science Expo projects*

EQUIPMENT (in house/supplied): *PTA will set-up & clean up*

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

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<i>3/10/14</i>	<i>Thurs</i>	<i>set up 1:30-4:30 pm event 6:30-9:30</i>	<i>10-15 parents</i>	<i>~300 (parents of students)</i>

- 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. *on file @ school*
- 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 Applicant: \_\_\_\_\_ Date: *12/19/13*

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

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

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