

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

**FACILITY USE APPLICATION**

Franklin Township Recreation Please Circle One: I II III  
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)  
Mark Mroz / Frank Yasunas 908 520 8448  
 Responsible Party Street Address Town Zip Phone#  
Frank Yasunas  
 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	<u>Gymnasium</u> <input checked="" type="checkbox"/>	Softball Field	_____
Feb. 1	Spring Sports Season	Apr-June			
May 1	Summer Use	July-Aug	Other		

**PURPOSE:** Leverage the FTS Gymnasium to teach, coach, guide  
**ACTIVITIES:** and develop girls basketball players.

**EQUIPMENT (in house/supplied):** \_\_\_\_\_

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

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>April 2014 - June 2014</u>	<u>Wednesday</u>	<u>6pm - 9pm</u>	<u>30</u>	
<u>July 2014 - Aug 2014</u>	<u>Wednesday</u>	<u>6pm - 9pm</u>	<u>30</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  \*Already provided
- 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.**

Signature of Applicant \_\_\_\_\_ Date 1/29/14

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

United AAU

Please Circle One: I II III

Name of Organization/Sponsoring Organization: \_\_\_\_\_  
Class of Organization (According to Policy): \_\_\_\_\_  
Responsible Party: Megan Haughey Street Address: Po Box 1059 Town: Flemington NJ Zip: 08822 Phone#: 908-399-6833

Alternate Responsible Party: \_\_\_\_\_ Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

<b>REQUESTS FOR USE MUST BE RECEIVED BY:</b>			<b>FACILITY REQUESTED:</b>		
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 <input checked="" type="checkbox"/>	Softball Field	_____
Feb. 1	Spring Sports Season	Apr-June			
May 1	Summer Use	July-Aug	Other _____		

PURPOSE: AAU Basketball Tournament

ACTIVITIES: Basketball games

EQUIPMENT (in house/supplied): baskets, bleachers, chairs, tables.

FACILITIES MODIFICATION (decorations, more furniture): setup like 6ball game.

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>APRIL 26</u>	<u>Sat</u>	<u>7am-9pm</u>	<u>50</u>	<u>50</u>
<u>APRIL 27</u>	<u>Sun</u>	<u>7am-9pm</u>	<u>50</u>	<u>50</u>

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- Are any games of chance being held? Yes \_\_\_\_\_ No
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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 Applicant: Megan Haughey Date: 1/28/14

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

PTA dance PTA

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

Name of Organization/Sponsoring Organization: Alice DiGiambattista 100 Upper Kinetown Pittstown 908-963-3491

Responsible Party: Beth Conover 95 Sky Manor Rd. 908-295-5877

Alternate Responsible Party: \_\_\_\_\_

REQUESTS FOR USE MUST BE RECEIVED BY:			FACILITY REQUESTED:		
July 1	For School Year Activity	Sept-June	New APR/Old APR <input checked="" type="checkbox"/>	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 _____		

PURPOSE: middle school dance

ACTIVITIES: same

EQUIPMENT (in house/supplied): DJ, speakers, strobe lights, decorations

FACILITIES MODIFICATION (decorations, more furniture): tables for food/beverages (5 tables), tables + chairs for eating purposes.

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
February 28th	Friday (1)	3:00 setup	6-8 parents & kids	
March 7th	Monday (1)	10:00pm cleanup		

(of)

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- Are any games of chance being held? Yes \_\_\_\_\_ No
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- Franklin Township Board of Education must be named in the users insurance policy as an additional insured.
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Signature of Applicant: \_\_\_\_\_ Date: 01-31-14

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

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

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

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FACILITY USE APPLICATION

Please Circle One: I II III

Name of Organization/Sponsoring Organization: PTA Class of Organization (According to Policy): II

Responsible Party: Jennifer May Street Address: 10 Pleasant View Manor Rd Town: Pittsford Zip: NJ 08867 Phone#: 508-730-7179

Alternate Responsible Party: \_\_\_\_\_ Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

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July 1	Fall Sports Season	Sept-Dec	Classroom(s) # _____	Soccer Field	_____
Nov. 1	Winter Sports Season	Jan-Mar	Gymnasium <u>X</u>	Softball Field	_____
Feb. 1	Spring Sports Season	Apr-June			
May 1	Summer Use	July-Aug	Other _____		

**FACILITY REQUESTED:**

New APR/Old APR \_\_\_\_\_ Baseball Field \_\_\_\_\_

Classroom(s) # \_\_\_\_\_ Soccer Field \_\_\_\_\_

Gymnasium X Softball Field \_\_\_\_\_

Other \_\_\_\_\_

PURPOSE: Tennis Clinic provided by pros from Courthouse to

ACTIVITIES: teach tennis during gym classes

EQUIPMENT (in house/supplied): \_\_\_\_\_

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

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>June 2-6</u>	<u>during gym classes</u>			

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

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