

FRANKLIN TOWNSHIP BOARD OF EDUCATION

P.O. Box 368, Rt. 579  
Quakertown, New Jersey 08868

FACILITY USE APPLICATION

*Booster Club*

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

Name of Organization/Sponsoring Organization: *Lynn Faust / Beth Schultz 297 Pittston Rd Pittston NJ 08867*  
 Responsible Party: *Beth Schultz* Street Address: *101 Whitebridge Rd* Town: *Pittston NJ* Zip: *08867* Phone#: *735-7143*  
 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	<u>New APR/Old APR</u>	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		_____

*08867  
735-7885*

PURPOSE: *Sports Banquet*

ACTIVITIES: \_\_\_\_\_

EQUIPMENT (in house/supplied): *Sink*

FACILITIES MODIFICATION (decorations, more furniture): *PA system*

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<i>June 12th</i>	<i>Thurs</i>	<i>5:30 - 10:30</i>	<i>130</i>	<i>Sports teams + families</i>
<i>June 19th</i>	<i>Thurs</i>	<i>5:30 - 10:30</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  *(on file) PTA*
- 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.**

*Lynn Faust*  
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**

Franklin Township Please Circle One: I II III  
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)  
Lindsay Gooditis 22 Milestone Dr. Ringoes 08551 (908)752-8834  
 Responsible Party Street Address Town Zip Phone#

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 Stage

PURPOSE: play practice

ACTIVITIES: \_\_\_\_\_

EQUIPMENT (in house/supplied): Sound System

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

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>March 22<sup>nd</sup></u>	<u>Saturday</u>	<u>10<sup>am</sup> - 12<sup>pm</sup></u>	<u>35</u>	<u>15</u>
<u>April 5<sup>th</sup></u>	<u>Saturday</u>	<u>10<sup>am</sup> - 12<sup>pm</sup></u>	<u>35</u>	<u>15</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 \_\_\_\_\_
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Lindsay Gooditis \_\_\_\_\_  
 Signature of Applicant Date

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

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

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