

FRANKLIN TOWNSHIP BOARD OF EDUCATION

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

FACILITY USE APPLICATION

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

PURPOSE: Dinner before show

ACTIVITIES: _____

EQUIPMENT (in house/supplied): _____

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
May 23	Friday	4:00-6:00		

- 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.

Lindsay Gooditis Signature of Applicant 4/16 Date

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

Superintendent or Designee _____ Date _____

Comments: _____

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 Quakertown, New Jersey 08868

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 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Lindsay Goodits 22 Milestone Dr. Kingoes 08551
 Responsible Party Street Address Town Zip Phone#
 (908) 752-8834

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	<u>Stage</u>	_____

PURPOSE: Play practice / Shows

ACTIVITIES: _____

EQUIPMENT (in house/supplied): Thursday & Friday Seating and 3 tables

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>May 3rd</u>	<u>Saturday</u>	<u>10am - 12pm</u>	<u>35</u>	<u>15</u>
<u>May 22, 23</u>	<u>Thursday / Friday</u>	<u>Th: 7am - 1pm Fri: 4:00 - 8:00</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.

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Lindsay Goodits Signature of Applicant Date 4/16

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

FTS PTA Please Circle One: (I) II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Kim Muller, Po Box 306, Quakertown, NJ 08868 908 310 -
 Responsible Party Street Address Town Zip Phone# 7424
Fernanda De Cabo 130 Allens Corner Rd, Flemington, NJ 908 - 751 -
 Alternate Responsible Party Street Address Town Zip Phone# 5345

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	Other	<u>* sidewalk outside of school, in between Main Entrance and Library entrance</u>	
May 1	Summer Use	July-Aug	<u>* if rain, use hallway by old front entrance,</u>		

PURPOSE: PTA Mothers Day Plant Sale
ACTIVITIES: sell plants to students and staff
EQUIPMENT (in house/supplied): Six (6), eight-foot long tables and 6 chairs

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>May 9, 2014</u>	<u>Friday</u>	<u>10-2</u>	<u>~300</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 at school 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.**

Kim Muller 4/16/14
 Signature of Applicant Date

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

Superintendent or Designee Date _____

Comments: _____

FACILITY USE APPLICATION

Quakertown Fire Company Please Circle One: I II III
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Paul Cortellesi 72 Whitehall Rd Pittstown NJ 08867 347-843-5229
Responsible Party Street Address Town Zip Phone#
Roger For PO. Box 34 Pittstown NJ 08867 908 735-5220
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 Parking lot / Front Entrance (and

PURPOSE: Memorial Day Celebration
ACTIVITIES: Flag Raising, Planting Flowers
EQUIPMENT (in house/supplied): Podium will be Needed - May Need Speakers
FACILITIES MODIFICATION (decorations, more furniture): None

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Monday May 26</u>	<u>Monday</u>	<u>8:30-11:00</u>	<u>75</u>	

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- Are any games of chance being held? Yes _____ No
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[Signature] Date April 14, 2014

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

Superintendent or Designee _____ Date _____

Comments: _____