

FRANKLIN TOWNSHIP BOARD OF EDUCATION

XI.D.1.

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

FACILITY USE APPLICATION

PTA 8th Grade Committee

Please Circle One: I II III

Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

Michelle Kufel 1508 River Rd Annandale 09801 908 200 7400

Responsible Party Street Address Town Zip Phone#

- Tom Loud 10 Sydney Rd 908 752-1678

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 <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: family fun candy bar Bingo Night

ACTIVITIES: Bingo + 50/50 raffle (for adults)

EQUIPMENT (In house/supplied): Tables chairs PA or microphone system

FACILITIES MODIFICATION (decorations, more furniture):

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
Thursday	May 15	6-8		

- 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. # RL # 88 Local Permit # ISS-S-35165
- 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.**

Signature of Applicant Michelle Kufel Date 5/5/14

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

Superintendent or Designee _____ Date _____

Comments: _____