

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

FACILITY USE APPLICATION

P75 PTA *3rd grade comm* Please Circle One: (I) II III

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

Michelle K. [unclear] *1368 River Rd Armonkdale 03001*

Responsible Party Street Address Town Zip Phone#

908 777 4230

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 | | _____ |

PURPOSE: *3rd Grade Last Day of School Party*

ACTIVITIES: _____

EQUIPMENT (in house/supplied): *Tables + Chairs*

FACILITIES MODIFICATION (decorations, more furniture): _____

| Date(s) Requested | Day(s) of Week | Hours | # Participants | # Others |
|----------------------------------|----------------|---|----------------|----------|
| <i>June 20th 2014</i> | | <i>12:00-12:45</i> | <i>42</i> | |
| | | <i>(plus time for set-up/breakdown)</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.
- 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] *3/28/2014*

Signature of Applicant Date

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

 Superintendent or Designee Date

Comments: _____

FACILITY USE APPLICATION

PTA 1
Please Circle One: (I) II III
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Responsible Party Street Address Town Zip Phone#
Vivian Paulter 240 Oak Grove Rd Pittstown NJ 788-0682

Alternate Responsible Party Street Address Town Zip Phone#

Table with 4 columns: Request Date, Activity, Facility Requested, and Status. Includes rows for School Year Activity, Fall Sports Season, Winter Sports Season, Spring Sports Season, and Summer Use.

PURPOSE: 8th Grade Post Graduation Refreshments

ACTIVITIES: same

EQUIPMENT (In house/supplied): Cafeteria tables, garbage cans

FACILITIES MODIFICATION (decorations, more furniture): none (PTA will arrange tables etc)

Table with 5 columns: Date(s) Requested, Day(s) of Week, Hours, # Participants, # Others. Includes handwritten entry for 6/20 on Friday from 4:30 to 9:00 with 8 participants and ~80 guests.

- Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations.
Does this activity require waiving of any Board policies?
Are any games of chance being held?
CERTIFICATE OF INSURANCE ATTACHED (OR COPY)
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.
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
6/6/14

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

Superintendent or Designee Date

Comments: