

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

FACILITY USE APPLICATION

F+S

Please Circle One: I II III

Name of Organization/Sponsoring Organization

Class of Organization (According to Policy)

Responsible Party

Street Address

Town

Zip

Phone#

226 Quakertown Rd Quakertown NJ 08868

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	<u>X</u>	Baseball Field	_____
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		<u>Media Center</u>	

PURPOSE: Science Fair

ACTIVITIES: _____

EQUIPMENT (in house/supplied): tables

FACILITIES MODIFICATION (decorations, more furniture): tables

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>April 22nd</u>	<u>Wednesday</u>	<u>4-9 pm</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 X No _____
- Does this activity require waiving of any Board policies? Yes _____ No X
- Are any games of chance being held? Yes _____ No X
- 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 Goodites
Signature of Applicant

12/3/14
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

FTS Theatre

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

Name of Organization/Sponsoring Organization

226 Quakertown Rd

Quakertown NJ
08868

Responsible Party

Street Address

Town

Zip

Phone#

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FACILITY REQUESTED:

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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>Media Center</u>	

PURPOSE: Theatre Party

ACTIVITIES: _____

EQUIPMENT (In house/supplied): ~~None~~ tables + chairs

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>December 18</u>	<u>Thursday</u>	<u>1</u> <u>3:30-4:30</u>	<u>45</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.
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Kindsay Goodrich
Signature of Applicant

12/3/14
Date

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

Superintendent or Designee _____ Date _____

Comments: _____