

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

FACILITY USE APPLICATION

Theatre Club Please Circle One: I II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

Lindsay Gooditis
 Responsible Party Street Address Town Zip Phone#

Alternate Responsible Party Street Address Town Zip Phone#

REQUESTS FOR USE MUST BE RECEIVED BY:

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		
May 1	Summer Use	July-Aug	<u>Jan - June, Performing Arts</u>		

PURPOSE: Theatre club practice

ACTIVITIES: _____

EQUIPMENT (in house/supplied): _____

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Jan 27 - June 3</u>	<u>Tue + Wed daily 5/26-6/3</u>	<u>3:30-4:30</u>	<u>40</u>	
<u>June 4 & 5</u>	<u>Thurs/Friday</u>	<u>TBD</u>	<u>40</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 on file
- 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 _____ Date 1/7/15
 Signature of Applicant

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

Superintendent or Designee _____ Date _____

Comments: _____