

FRANKLIN TOWNSHIP BOARD OF EDUCATION
P.O. Box 388, Rt. 579
Quakertown, New Jersey 08858

FACILITY USE APPLICATION

Franklin Twp. Recreation

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

Joanne P. Hyland

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
- 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 Other

FACILITY REQUESTED:

- New APPLICABLE APR Baseball Field
- Classroom(s) # 1 Soccer Field
- Gymnasium Softball Field

PURPOSE: to give township children organized play
ACTIVITIES: indoor/outdoor games, crafts

EQUIPMENT (in house/supplied):

FACILITIES MODIFICATION (decorations, more furniture):

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
July 13-24	M-F	8:30-12:30	150	

- 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 record at the township building

- 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 used in the location. 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: Joanne Hyland Date: 2.17.15

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

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 IV V
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Debbie Mewla
 Responsible Party Street Address Town Zip Phone#
Fernanda DeCobo
 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:

All Purpose Room _____ Soccer Field X
 Classroom(s) # _____ Softball Field X
 Gymnasium _____ Other _____
 Library _____
 Baseball Field _____

Grass Area Behind School

PURPOSE: Fun Fair
ACTIVITIES: Bouncy, games, crafts, food
EQUIPMENT (in house/supplied): garbage cans, tables, chairs, extension cords
FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>May 29</u>	<u>Friday</u>	<u>8⁰⁰-3⁰⁰</u>	<u>Students Faculty</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 X 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.**

Deborah Mewla 3/10/15
 Signature of Applicant 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

North Hunterdon Youth Baseball Please Circle One: I II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

Peter Strauss
 Responsible Party Address Town Zip Phone#

Tom Reeder
 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	<u>X</u>
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			

PURPOSE: Baseball practice for 8-9 year olds

ACTIVITIES: practice

EQUIPMENT (in house/supplied): None

FACILITIES MODIFICATION (decorations, more furniture): None

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>3-29, 4-5</u>	<u>Sunday</u>	<u>12:30-2:30</u>	<u>15</u>	
<u>3-25, 4-1, 4-8</u>	<u>Wednesday</u>	<u>6-7</u>	<u>15</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 X 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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- **THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOOL NOT BEING IN SESSION, OR IF A BLACK SEAL CUSTODIAN CANNOT BE IN ATTENDANCE WHEN REQUIRED.**

Peter Strauss
 Signature of Applicant _____ 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

Franklin Township Rec

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

Name of Organization/Sponsoring Organization

MARK MR 2

Responsible Party Street Address Town Zip Phone#

Kevin Snyder

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	<u>X</u> Softball Field	_____
Feb. 1	Spring Sports Season	Apr-June			
May 1	Summer Use	July-Aug	Other		_____

PURPOSE: BASKET BALL PRACTICE FOR REC TEAM

ACTIVITIES: BASKETBALL

EQUIPMENT (in house/supplied): NONE

FACILITIES MODIFICATION (decorations, more furniture): NONE

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>April 1 - June</u>	<u>Tuesday</u>	<u>6:30-9:00</u>	<u>20</u>	<u>-</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.
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Signature of Applicant [Signature] Date 3/18/15

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

Superintendent or Designee _____ Date _____

Comments: _____