

FRANKLIN TOWNSHIP BOARD OF EDUCATION

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

FACILITY USE APPLICATION

Quakertown Fire Company Please Circle One: I II III
 Name of Organization/Sponsoring Organization (According to Policy)
Paul Costello
 Responsible Party Phone#
Roger Foor
 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	Other	<u>Parking Lot / Front Entrance Yard</u>	
May 1	Summer Use	July-Aug		<u>In case of Rain</u>	

PURPOSE: Memorial Day Observance
 ACTIVITIES: Flag Raising - Planting Flowers
 EQUIPMENT (in house/supplied): Podium will be Needed - May Need Speakers
 FACILITIES MODIFICATION (decorations, more furniture): None

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Monday May 25</u>	<u>Monday</u>	<u>8:30-11:00</u>	<u>75</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.
- 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] Date Apr. 20, 2015
 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

Booster Club

Please Circle One: I II III

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

PTA - on file -

Responsible Party Street Address Town Zip Phone#

Athletic Director - on file -

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: Sports Banquet

ACTIVITIES: Dinner + Trophies

EQUIPMENT (in house/supplied): Podium, Smartboard/projector, Microphone

FACILITIES MODIFICATION (decorations, more furniture): Lunch Tables

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>6/11/15</u>	<u>Thurs.</u>	<u>6-8</u>	<u>150</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** PTA 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.
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Signature of Applicant: Ellen Anderson Date: 4/30/15

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

PTA Homeroom Parents

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

Name of Organization/Sponsoring Organization

Lynne French

Responsible Party Street Address Town Zip Phone#

Mary Beth Forbes

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: post graduation refreshments
ACTIVITIES: buffet tables of drinks - snacks for families
EQUIPMENT (in house/supplied): caf. tables

FACILITIES MODIFICATION (decorations, more furniture): possible entry doors decorated with paper, garland, flowering plants

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>6-17-15</u>	<u>Wednesday</u>	<u>3:30-8:30</u>	<u>150</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.
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Lynne French
Signature of Applicant

4-27-13 Thank you!
Date

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

Superintendent or Designee _____ Date _____

Comments: _____