

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

FACILITY USE APPLICATION

Hunterden Hustle Please Circle One: I II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Kevin McCarron 9 Samuel Wilson Ln Pittsford NJ
 Responsible Party Street Address Town Zip Phone# 908-625-08867
4721
 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	<input checked="" type="checkbox"/> Softball Field	_____
Feb. 1	Spring Sports Season	Apr-June	Other	_____	_____
May 1	Summer Use	July-Aug	Other	_____	_____

PURPOSE: Basketball practice
ACTIVITIES: N/A
EQUIPMENT (in house/supplied): N/A
FACILITIES MODIFICATION (decorations, more furniture): N/A

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Sept - June</u>	<u>Mondays</u>	<u>3</u>	<u>15</u>	
<u>Sept - June</u>	<u>Tuesdays</u>	<u>3</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 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.**

[Signature] Date 7/7/14
 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

FTS PTA SNOWFLAKE BALL

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

Name of Organization/Sponsoring Organization
LUNNE FRENCH 224 SIDNEY ROAD PITSTOWN 08867 908 730-6899
Responsible Party Street Address Town Zip Phone#
LISA FRASCA 6 HICKORY COURT CLINTON 08809 201 681-4596
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 hallyway surrounding gym + library

PURPOSE: PROVIDE A FAMILY ENVIRONMENT FOR DANCING AND GAMES

ACTIVITIES: DANCE, FACE PAINTING, SINGING, TOSS GAME, TRICKY TRAY, PHOTO BOOTH, DRINKS

EQUIPMENT (in house/supplied): 75 chairs, 4 tables (for coats + tricky tray + beverages), ladder

FACILITIES MODIFICATION (decorations, more furniture): String lights, paper snowflakes, evergreen trees,

* PLEASE HAVE LOCKER ROOM DOORS LOCKED IN GYM & ACCESS TO PARTICIPANTS

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
January 23 rd	Friday	3-10:30	200	1 or 2 DJs
alternate Jan 30 th	Friday			

- 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 # _____ WILL BE PROVIDED
- 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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Signature of Applicant Lynne French Date 7/10/14

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 PTA

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

Name of Organization/Sponsoring Organization

LYNNE FRENCH 224 SIDNEY RD PITTSBOWN 08867 908 730-6899
Responsible Party Street Address Town Zip Phone#

MARYBETH FORBES 235 OAK GROVE RD PITTSBOWN 08867 908 788-6076
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	<u>Library</u>	_____

PURPOSE: PTA MEETINGS

ACTIVITIES: Hour long monthly meeting 7:15 - 8:15 pm

EQUIPMENT (in house/supplied): *possibly a photo copier occasionally*

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>9/16, 10/21, 11/18,</u>	<u>TUESDAYS</u>	<u>7:00-8:30</u>	<u>24</u>	
<u>1/10, 2/6, 2/17, 3/17</u>	<u>(3rd of each month)</u>			
<u>4/21, 5/19, 6/16</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.

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Lynne French 7/10/14
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

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Quakertown, New Jersey 08868

FACILITY USE APPLICATION

FTS-PTA / Book Fair

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

Name of Organization/Sponsoring Organization
Marybeth Forbes 255 Oak Grove Rd Pittstown 9087886076
Responsible Party Street Address Town Zip Phone#
Deb Merola Pittstown 903-0193
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	<u>Library</u>	_____

PURPOSE: Scholastic Book Fair
ACTIVITIES: Book fair, family night
EQUIPMENT (in house/supplied): tables (4)

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>9/26 → 10/3/14</u>	<u>F, M → F</u>	<u>845-3⁰⁰</u>		
<u>10/1/14</u>	<u>W</u>	<u>6pm-9pm</u>	<u>100</u>	<u>(family night)</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
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- If yes, State Reg. # _____ Local Permit # _____
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Deb Merola Signature of Applicant 7.22.14 Date

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

Superintendent or Designee _____ Date _____

Comments: _____