

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

FACILITY USE APPLICATION

Girl Scout Troop 80745 Please Circle One: I II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Marybeth Forbes 255 Oak Grove Rd Pittstown NJ 908-
 Responsible Party Street Address Town Zip Phone#
Christine Thompson 17 Joe Ent Rd Flemington NJ 432-9458
 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:

New APR/Old APR _____ Baseball Field _____
 Classroom(s) # _____ Soccer Field _____
 Gymnasium _____ Softball Field _____
 Other ART ROOM

PURPOSE: Monthly Girl Scout meetings
 ACTIVITIES: - meetings -
 EQUIPMENT (in house/supplied): art room tables/stools.
 FACILITIES MODIFICATION (decorations, more furniture): ∅

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>9/4, 10/2, 11/13,</u>	<u>Thurs.</u>	<u>6:5-7:45</u>	<u>20</u>	
<u>12/4, 1/8, 2/5</u>				
<u>3/5, 4/2, 5/7, 6/4.</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 8.17.14.

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

GS Troop 80405 Please Circle One: I **II** III
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

Jennifer May on file with school
Responsible Party Street Address Town Zip Phone#

Gina Edwards on file with school
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 Art

PURPOSE: GS meeting

ACTIVITIES: GS meeting

EQUIPMENT (in house/supplied): _____

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Second Tuesday of the month</u> <u>11/11, 12/9, 1/13, 2/10, 3/10,</u> <u>4/14, 5/12, + 6/9</u>	<u>Tuesday</u>	<u>6:30 - 7:30</u>	<u>12</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] 9/3/14
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

FRANKLIN THEATRE WORKS

Please Circle One: I II III

908-310-0041

Name of Organization/Sponsoring Organization

Class of Organization (According to Policy)

MAEVE PAMBIANCHI

Teach at Four Rd Amundale, NJ 08801

Responsible Party

Street Address

Town

Zip

Phone#

Michel Taylor

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: theatre arts classes - workshops - rehearsals

ACTIVITIES: acting - singing - dancing - painting

EQUIPMENT (in house/supplied):

FACILITIES MODIFICATION (decorations, more furniture): no

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
Sept - June	Thursdays	3:30-9:00	20-40	
Sept - June	Tuesdays	5-9:00	20-40	

- 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 _____ Date 9-2-14

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

Superintendent or Designee _____ Date _____

Comments: _____