

FRANKLIN TOWNSHIP BOARD OF EDUCATION

XI.D.1.

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

9/28/15

**FACILITY USE APPLICATION**

FTS- 24th grade Moms.

Please Circle One: I II III

Name of Organization/Sponsoring Organization

Class of Organization (According to Policy)

Maria Yavornitzki / Ana Brogan

Responsible Party Street Address Town Zip Phone#

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	

Lobby

PURPOSE: distribute pies & cakes (Fundraiser)

ACTIVITIES:

EQUIPMENT (In house/supplied): 2 folding tables, 4-6 folding chairs please.

FACILITIES MODIFICATION (decorations, more furniture):

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
November 16, 2015	Monday	3-6:30pm	4-6 parents	
November 17, 2015	Tuesday	3-6:30pm	4-6 parents	

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.**

*Maria Yavornitzki*  
Signature of Applicant

9/28/15  
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 /

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

Name of Organization/Sponsoring Organization

Karen Obiedzinski  
 Responsible Party

Street Address Town Zip Phone#

Allison Witkowski  
 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 APP (Old APP) Baseball Field
- July 1 Fall Sports Season Sept-Dec Classroom(s) # 506 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: Holiday Workshop

ACTIVITIES: Children purchase holiday gifts.

EQUIPMENT (in house/supplied): Tables and a couple of chairs.

**FACILITIES MODIFICATION (decorations, more furniture):**

\* If possible would like to s/u during school hours, however, if room is being used then 4:00-7:00.

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Dec. 1, 2015</u>	<u>Tuesday/SU</u>	<u>*see above</u>	<u>3</u>	
<u>Dec 2, 3 &amp; 4</u>	<u>Wed-Fri</u>	<u>9-2</u>	<u>10</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) on file Yes No X

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.**

Karen Obiedzinski  
 Signature of Applicant

9/17/15  
 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**

Jr. Lion Field Hockey Please Circle One: I II **III**  
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

Union Twp Recreation  
 Responsible Party Street Address Town Z Phone#

Ellen Anderson  
 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:** End of Season Celebration

**ACTIVITIES:** \_\_\_\_\_

**EQUIPMENT (in house/supplied):** tables + PA system

**FACILITIES MODIFICATION (decorations, more furniture):** \_\_\_\_\_

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Nov. 9<sup>th</sup> - 10</u>	<u>Monday</u> <sup>Tues.</sup>	<u>5<sup>30</sup> - 8<sup>50</sup></u>	<u>120</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  to follow received
- Franklin Township Board of Education must be named in the users insurance policy as an additional insured. received
- 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 of Applicant [Signature] Date 10/13/15

Action Taken by Board of Education on: Date \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Superintendent or Designee \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_