

FACILITY USE APPLICATION

PTA: Snowflake Ball

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

Name of Organization/Sponsoring Organization

Responsible Party: Deanna Seide Street Address _____ Town _____ Zip _____ Phone# _____

Alternate Responsible Party: Jackie Bradley 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 hallways linking two

PURPOSE: Annual Snowflake Ball - Family Fun pre K - 5

ACTIVITIES: Dance, Tricky Tray Prizes Awarded, Set up / Clean up

EQUIPMENT (In house/supplied): Cafe tables, 4 Folding tables, 60 chairs, 2 ladders

FACILITIES MODIFICATION (decorations, more furniture): String lights in gym, paper snowflake garlands, DJ Speakers + Sound board w/ lights

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>January 29, 2016</u>	<u>Friday</u>	<u>3:15 - 10:15</u>	<u>@ 175</u>	<u>1-2 DJs</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. # PTA - on file Local Permit # PTA - on file
- CERTIFICATE OF INSURANCE ATTACHED (OR COPY) PTA 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 of Applicant: Lynne French Date: 10-15-15 Thank you!

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

Girl Scouts

Name of Organization/Sponsoring Organization Jacqueline Bradley Please Circle One: I II III
Class of Organization (According to Policy)

Responsible Party Robin Catania 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	New APPROD APR <input checked="" type="checkbox"/>	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 _____		

FACILITY REQUESTED:

PURPOSE: Girl Scout Meetings

ACTIVITIES: Meetings crafts

EQUIPMENT (in house/supplied): table, chairs

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>2nd Thursday</u> <u>each month</u> <u>starting</u>	<u>Thursday</u>	<u>6:30-7:30 pm</u>		
	<u>11/12/15</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 _____
- 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.**

Jacqueline Bradley
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

PTA

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

Name of Organization/Sponsoring Organization: _____
 Class of Organization: _____

Responsible Party: Jennie Thomann Street Address: _____ Town: _____ Zip: _____ Phone#: _____
732 718 1199

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: Lunch Room

PURPOSE: School Store

ACTIVITIES: opportunity for students to purchase school items

EQUIPMENT (in house/supplied): 2 long tables *Please*

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>11/20/15</u>	<u>Friday</u>	<u>All Lunch periods</u>	<u>3-4</u>	
<u>2/4 + 4/28</u>	<u>Thursday</u>	<u>All Lunch periods</u>	<u>3-4</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
- 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 of Applicant: [Signature] Date: 11/5/15

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

Name of Organization/Sponsoring Organization: Booster Please Circle One: I II III
 Class of Organization (According to Policy)

Responsible Party: PTA 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 _____

PURPOSE: Stacy/Teacher Game
 ACTIVITIES: Volleyball
 EQUIPMENT (in house/supplied): Volleyball set up + MC
 FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>11/20</u>	<u>Friday</u>	<u>6³⁰ - 10</u>	<u>100</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 of Applicant: [Signature] Date: 11/4/15

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

Superintendent or Designee: _____ Date: _____

Comments: _____