

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

**FACILITY USE APPLICATION**

PTA, middle school dance Please Circle One: I II III  
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

Alice DiGiamattista  
 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 Other \_\_\_\_\_  
 May 1 Summer Use July-Aug Other \_\_\_\_\_

**PURPOSE:** Middle school dance

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

**EQUIPMENT (in house/supplied):** PT / Lightings

**FACILITIES MODIFICATION (decorations, more furniture):** (4) rectangular tables, (2) round

tables (20) chairs

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>04/08/16</u>	<u>1</u>	<u>4-6</u>	<u>60-80</u>	

Start: 7pm  
end: 10pm  
Set up - 5-7pm

- 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 03/07/16  
 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**

National Borussia Foundation

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

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 Other PARKING LOT  
May 1 Summer Use July-Aug Weekend Custodian Needed: Yes \_\_\_\_\_ No \_\_\_\_\_  
(\$30 per hour)

PURPOSE: Rest stop for Team XPR cycle in NJ.  
ACTIVITIES: Cyclists will be stopping at the school for a water/snack break.  
EQUIPMENT (In house/supplied): We will provide a 10x10 tent, tables, chairs &  
FACILITIES MODIFICATION (decorations, more furniture): \_\_\_\_\_ 1-2 porta  
toilets

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>5/20/16</u>	<u>Friday</u>	<u>PM</u>	<u>0</u>	
<u>5/21/16</u>	<u>Saturday</u>	<u>6a-6p</u>	<u>250</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.**

Valley Speed Hockey 3/1/16  
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  
Name of Organization/Sponsoring Organization  
Please Circle One: (I) II III  
Class of Organization (According to Policy)

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 \* Theatre Stage + seating  
May 1 Summer Use July-Aug Other \_\_\_\_\_

PURPOSE: PTA Cultural Arts School time Assembly/performance.  
ACTIVITIES: History of Pop; musical assembly (2 shows)  
EQUIPMENT (in house/supplied): 2 long extension cards.  
FACILITIES MODIFICATION (decorations, more furniture): 200 chairs set up theatre style with an aisle down the middle.

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
March 22nd	Tues.	9-11:30	350+	

- 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. On file at the school.
- 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.

Kim E Muller 2/26/16  
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 08658

**FACILITY USE APPLICATION**

Franklin Twp Recreation Please Circle One: I **II** III  
Name of Organization/Sponsoring Organization Class of Organization (Refer to Policy)

Responsible Party \_\_\_\_\_ 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  
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 APPROX APR:  Baseball Field   
Classroom(s) # 1 Soccer Field   
Gymnasium  Softball Field

Other lunch room

PURPOSE: summer program organized activities

ACTIVITIES: indoor/outdoor games, crafts

EQUIPMENT (in house/supplied): \_\_\_\_\_

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

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
July 11-22	M-F	8:30-12:30	150	

- 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.**

Carol Stojan Signature of Applicant 2-8-16 Date

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

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

FRANKLIN TOWNSHIP BOARD OF EDUCATION

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

FACILITY USE APPLICATION

HUNTERDON COUNTY SOFTBALL LEAGUE Please Circle One: I II III
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

Responsible Party Street Address Town Zip Phone#
N/A
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: LEAGUE SOFTBALL

ACTIVITIES: SOFTBALL GAMES

EQUIPMENT (in house/supplied): N/A

FACILITIES MODIFICATION (decorations, more furniture): N/A

Table with 5 columns: Date(s) Requested, Day(s) of Week, Hours, # Participants, # Others. Rows include MAR 22-16 and JULY 31-16.

- Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations.
Does this activity require waiving of any Board policies?
Are any games of chance being held?
CERTIFICATE OF INSURANCE ATTACHED (OR COPY)
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.
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

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

GSHNJ Girl Scout Heart of NJ

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

Name of Organization/Sponsoring Organization

Responsible Party Street Address Town Zip U Phone#

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) # any Soccer Field       
Gymnasium      Softball Field       
Other Playground  
Weekend Custodian Needed: Yes      No X  
(\$30 per hour)

After gathering in gym on nice days we'll go outside. Rainy days we would need classroom as plan B.

PURPOSE: Girl Scout Daisy meeting

ACTIVITIES: craft, games, story time.

EQUIPMENT (in house/supplied): none

FACILITIES MODIFICATION (decorations, more furniture):     

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
April 12, 26 June 7	May 10, 24 Tuesdays	3:25- 4:30 (after school)	10-12	

- 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) Yes X 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.
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Signature of Applicant

3/10/16  
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

BSA WASHINGTON CROSSING

FACILITY USE APPLICATION

Cub Scout Pack 108

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

Name of Organization/Sponsoring Organization

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) # any 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 Playground \_\_\_\_\_

After gathering in gym at end of day we will go to playground unless rainy or bad weather. classroom is plan B.

PURPOSE: Pack / den meetings after school

ACTIVITIES: games, crafts, discussions, snack

EQUIPMENT (in house/supplied): none

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

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
April 5, 19	Tuesdays	3:25-4:30	10-15	
May 3, 17, 31				

- 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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Paul [Signature]  
Signature of Applicant

3/10/16  
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

Cub Scout Pack 108  
Boys Scout / Washington Crossing

FACILITY USE APPLICATION

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

Responsible Party: \_\_\_\_\_ Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_ V Phone#: \_\_\_\_\_  
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: \_\_\_\_\_  
Weekend Custodian Needed: Yes \_\_\_\_\_ No \_\_\_\_\_ (\$30 per hour)

PURPOSE: Blue & Gold Dinner  
ACTIVITIES: \_\_\_\_\_  
EQUIPMENT (in house/supplied): \_\_\_\_\_  
FACILITIES MODIFICATION (decorations, more furniture): \_\_\_\_\_

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>April 29th</u>	<u>Friday</u>	<u>4:30 - 8:00</u>	<u>50 - 60 max</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.
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*Same as submitted by Scott Turck for other form.*

**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: Rob W Date: 3/10/16

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

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

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