

FRANKLIN TOWNSHIP BOARD OF EDUCATION

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

FACILITY USE APPLICATION

Quakertown Fire Company Please Circle One: I II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Paul Cortellesi
 Responsible Party Street Address Town 7in Phone#
Roger Fox P.O. Box
 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	<u>Parking Lot / Front Entrance Yard</u>	
May 1	Summer Use	July-Aug		<u>Lucas of Rain</u>	

PURPOSE: Memorial Day Observance
ACTIVITIES: Flag Raising, Planting of Flowers
EQUIPMENT (in house/supplied): Podium
FACILITIES MODIFICATION (decorations, more furniture): None

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Monday/May 30</u>	<u>Monday</u>	<u>8:30-11:00</u>	<u>75</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] Date April 11, 2016

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

FTS PTA Booster
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 APR/Old APR Baseball Field _____
- Classroom(s) # _____ Soccer Field _____
- Gymnasium _____ Softball Field _____
- Other _____
- Weekend Custodian Needed: Yes _____ No _____
(\$30 per hour)

PURPOSE: M.S. Sports Banquet

ACTIVITIES: eating

EQUIPMENT (in house/supplied): Podium Microphone Smartboard for video

FACILITIES MODIFICATION (decorations, more furniture): tables set up for 120

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>6/8/16</u>	<u>Weds.</u>	<u>5³⁰-8</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 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 4/5/16

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

Superintendent or Designee _____ Date _____

Comments: _____