

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

FACILITY USE APPLICATION

Cub Scout Pack 108/ Please Circle One: I II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Reka Huebscher
 Responsible Party Street Address Town Zip J Phone#
Scott Turck
 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 Back field

PURPOSE: Fall Family Festival
 ACTIVITIES: Pumpkin launch/castagnoli/ decorating Family games, vendors
 EQUIPMENT (in house/supplied): _____
 FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>September 24</u>	<u>Saturday</u>	<u>8-5 PM AM</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) on file 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.**

Reka Huebscher 5/23/16
 Signature of Applicant Date

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

Superintendent or Designee _____ Date _____

Comments: _____