

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

FACILITY USE APPLICATION

FTS PTA BOOK FAIR COMM.

Please Circle One: ① II III
 Class of Organization (According to Policy)

Name of Organization/Sponsoring Organization

Manbeth Forbes

Responsible Party Street Address

Deb Merola

Alternate Responsible Party Street Address Town Zip

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	Theater, no stage.	

PURPOSE: Scholastic Book Fair

ACTIVITIES: Book fair, family night

EQUIPMENT (In house/supplied): 6 tables

FACILITIES MODIFICATION (decorations, more furniture): ∅

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
9/24 → 10/2/15	M → F	8 ³⁰ -3 ³⁰	1. grade	4 volunteers per
9/30/15	W	6 ⁰⁰ -8 ³⁰	@ a time	2 hr. shift

- 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 WILL ATTACH RENEWED COPY IN AUGUST.
- 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 _____ Date 7/8/2015

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

Superintendent or Designee _____ Date _____

Comments: _____

FACILITY USE APPLICATION

FTS PTA

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

Name of Organization/Sponsoring Organization

LYNNE FRENCH

Responsible Party Street Address Town Zip Phone#

MARYBETH FORBES

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
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Feb. 1	Spring Sports Season	Apr-June		
May 1	Summer Use	July-Aug	Other	<u>LIBRARY MEDIA CENTER</u>

PURPOSE: 1 HOUR MONTHLY MEETINGS

ACTIVITIES: PLANNING UPCOMING PTA EVENTS; ANNOUNCEMENTS

EQUIPMENT (in house/supplied): TABLES - CHAIRS

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>1/8, 10/20, 11/17, 12/15</u>	<u>TUESDAYS</u>	<u>7:15-8:15pm</u>	<u>5-25</u>	
<u>1/19, 2/16, 3/15, 4/19, 5/17, 6/7</u>				

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Signature of Applicant: Lynne French Date: 7/15

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

Superintendent or Designee _____ Date _____

Comments: _____