

**FRANKLIN TOWNSHIP BOARD OF EDUCATION**

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

**FACILITY USE APPLICATION**

*Franklin Township Rec*

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

Name of Organization/Sponsoring Organization

Responsible Party: MARK MAOZ Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

Alternate Responsible Party: KEVIN SUYDAM Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

**REQUESTS FOR USE MUST BE RECEIVED BY:**

|        |                          |           |                 |          |                |       |
|--------|--------------------------|-----------|-----------------|----------|----------------|-------|
| July 1 | For School Year Activity | Sept-June | New APR/Old APR | <u>X</u> | Baseball Field | _____ |
| July 1 | Fall Sports Season       | Sept-Dec  | Classroom(s) #  | _____    | Soccer Field   | _____ |
| Nov. 1 | Winter Sports Season     | Jan-Mar   | Gymnasium       | <u>X</u> | Softball Field | _____ |
| Feb. 1 | Spring Sports Season     | Apr-June  |                 |          |                |       |
| May 1  | Summer Use               | July-Aug  | Other           | _____    |                |       |

**FACILITY REQUESTED:**

**PURPOSE:** Rec Basketball practice and games

**ACTIVITIES:** Basketball

**EQUIPMENT (in house/supplied):** NONE

**FACILITIES MODIFICATION (decorations, more furniture):** NONE

| Date(s) Requested          | Day(s) of Week   | Hours      | # Participants | # Others  |            |
|----------------------------|------------------|------------|----------------|-----------|------------|
| <u>Dec 2015 - MAR 2016</u> | <u>SAT</u>       | <u>8-3</u> | <u>30</u>      | <u>30</u> | <u>GYM</u> |
| <u>Nov 2015 - MAR 2016</u> | <u>Tue Thure</u> | <u>7-9</u> | <u>20</u>      | <u>-</u>  | <u>GYM</u> |
| <u>Nov 15 MAR 16</u>       | <u>MON wcd</u>   | <u>7-9</u> | <u>20</u>      | <u>-</u>  | <u>APR</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 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 \_\_\_\_\_ No X *will provide*
- 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: 9/11/15

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

50123

United NJ / Hunterdon Hoops

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

Megan Haughey

Responsible Party Street Address Town Zip Phone#

Kate Terhune

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       | <input checked="" type="checkbox"/> Softball Field | _____ |
| Feb. 1 | Spring Sports Season     | Apr-June  |                 |  |       |
| May 1  | Summer Use               | July-Aug  | Other           |  | _____ |

PURPOSE: Basketball Development Program

ACTIVITIES: Basketball

EQUIPMENT (In house/supplied):

FACILITIES MODIFICATION (decorations, more furniture):

| Date(s) Requested           | Day(s) of Week | Hours     | # Participants | # Others |
|-----------------------------|----------------|-----------|----------------|----------|
| Monday's - Jan. 4 - March 7 | Monday's       | 6pm - 9pm | 50             | 6        |
|                             |                |           |                |          |

- 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.

Megan Haughey

5/27/15

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

Hunterdon HS #12 Please Circle One: I II **III**  
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

Kevin McCarron  
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 X Softball Field \_\_\_\_\_  
Feb. 1 Spring Sports Season Apr-June \_\_\_\_\_  
May 1 Summer Use July-Aug Other \_\_\_\_\_

PURPOSE: Basketball practice

ACTIVITIES: N/A

EQUIPMENT (In house/supplied): N/A

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

| Date(s) Requested | Day(s) of Week | Hours | # Participants | # Others |
|-------------------|----------------|-------|----------------|----------|
| Sept - June       | Monday         | 3     | 15             |          |
| Sept - June       | Wednesday      | 3     | 15             |          |

- 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 \_\_\_\_\_ 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] Date 7/2/11  
Signature of Applicant Date

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

Superintendent or Designee Date

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