

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

FACILITY USE APPLICATION

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

MARK MROZ  
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 X Baseball Field  
Classroom(s) # Soccer Field  
Gymnasium X Softball Field  
Other

PURPOSE: Rec Basketball

ACTIVITIES: Basketball practice and games

EQUIPMENT (in house/supplied): Table and scoreboard on Saturdays

FACILITIES MODIFICATION (decorations, more furniture):

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
6-9m Nov 21 - March 15	Mon, Tues, Thur	7-9	20	5
<del>Nov</del> DEC 10 - March 18	SAT	9-4	50	50
APR Nov 21 - March 15	Tues Wed	7-9	20	5

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.

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 10/5/16

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

Jr Lions Field Hockey Please Circle One: I  II III  
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

Jr. Lions Field #4  
Responsible Party Street Address Town Zip Phone#  
Union Two Rec.  
Alternate Responsible Party C/o Grace Brennan 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: Awards Banquet

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

EQUIPMENT (in house/supplied): tables to seat 100 / MIC

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

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>11/2</u>	<u>W</u>	<u>5:30-9</u>	<u>100</u>	
<u>11/10</u>	<u>Th</u>	<u>5:30-9</u>	<u>100</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.**

[Signature] Date 10/5/06

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

PTA / Please Circle One: I II III  
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)  
 Jennifer Thumann  
 Responsible Party Street Address Town Zip Phone#  
 N/A.  
 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 Cafeteria
- Weekend Custodian Needed: Yes \_\_\_\_\_ No \_\_\_\_\_  
(\$30 per hour)

PURPOSE: Evening presentation on Nov 1 @ 7pm

ACTIVITIES: Humboldt Co. Prosecutors Office Active Shooter Drill / Protocols

EQUIPMENT (in house/supplied): Tables opened Safe Campus Initiative

FACILITIES MODIFICATION (decorations, more furniture): Standard Response Protocol

thank you.

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
Nov 1	Tues	2hrs		
		7-9pm		

- 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 \_\_\_\_\_ Date 10/11/16

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

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

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