

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

FACILITY USE APPLICATION

PTA Middle School Dance  
Name of Organization/Sponsoring Organization

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

Fernanda DeCabo  
Responsible Party

Street Address Town Zip Phone#

Lynne French  
Alternate Responsible Party

Street Address Town Zip Phone#

FACILITY REQUESTED:

- New APR  Baseball Field \_\_\_\_\_ Other \_\_\_\_\_
- Old APR \_\_\_\_\_ Soccer Field \_\_\_\_\_
- Classroom(s) # \_\_\_\_\_ Softball Field \_\_\_\_\_ Weekend Custodian Needed: Yes \_\_\_\_\_  
(\$30 per hour) No \_\_\_\_\_
- Gymnasium \_\_\_\_\_ Solar Field \_\_\_\_\_

PURPOSE: Spring Middle School Dance

ACTIVITIES: Dance, drinks, Snacks

EQUIPMENT (in house/supplied): tables for tickets, drinks/snacks, extension cords

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

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>April 28, 2017</u>	<u>Friday</u>	<u>4-10:30 pm</u>	<u>75</u>	<u>DJ-2</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.

Fernanda DeCabo Lynne French 12/7/16  
Signature of Applicant Date

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

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

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