

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

FACILITY USE APPLICATION

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

Joanne Hyland  
Responsible Party Street Address Town Zip Phone#

Alternate Responsible Party Street Address Town Zip Phone#

**FACILITY REQUESTED:**

New APR  Baseball Field  Other \_\_\_\_\_  
Old APR raining days Soccer Field   
Classroom(s) # 1 Softball Field  Weekend Custodian Needed: Yes \_\_\_\_\_  
Gymnasium  Solar Field \_\_\_\_\_ (\$30 per hour) No \_\_\_\_\_

PURPOSE: to give township children organized play

ACTIVITIES: indoor / outdoor games, crafts

EQUIPMENT (in house/supplied): \_\_\_\_\_

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

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
July 10-21	<del>8:30-12:30</del> M-F	8:30-12:30	150	

- 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 RECORD AT TOWNSHIP BUILDING
- 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.**

Joanne Hyland  
Signature of Applicant Date 1.16.17

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

501.03

Hunterdon Hoops

Name of Organization/Sponsoring Organization

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

Mason Haughey

Responsible Party

Street Address

Town

Zip

Phone#

Katie Teuhme

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 X  
(\$30 per hour)

Gymnasium X

Solar Field \_\_\_\_\_

No \_\_\_\_\_

PURPOSE: Basketball Tournament

ACTIVITIES: Basketball

EQUIPMENT (in house/supplied): Staircases out/ table @ front for entry / chairs for teams

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

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
4/22	Sat	7am-2pm	50	20
4/23	Sun	7am-2pm	50	20

- 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]

Signature of Applicant

1/19/17

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**

Pack 103 / Cub Scouts  
Name of Organization/Sponsoring Organization

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

Scott Turek  
Responsible Party Street Address Town Zip Phone#

Elizabeth Turek  
Alternate Responsible Party Street Address Town Zip Phone#

**FACILITY REQUESTED:**

New APR \_\_\_\_\_ Baseball Field \_\_\_\_\_  
Old APR \_\_\_\_\_ Soccer Field \_\_\_\_\_  
Classroom(s) # \_\_\_\_\_ Softball Field \_\_\_\_\_  
Gymnasium \_\_\_\_\_ Solar Field \_\_\_\_\_

Other Theater Rm - Auditorium

Weekend Custodian Needed: Yes \_\_\_\_\_  
(\$30 per hour) No

**PURPOSE:**

monthly pack meetings

**ACTIVITIES:**

tables & chairs  
EQUIPMENT (in house/supplied):

FACILITIES MODIFICATION (decorations, more furniture):

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
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The 3<sup>rd</sup> Thursday of every month - 6p-7p 20-30 for Pack meetings

- 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

- 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]  
Signature of Applicant

1/19/17  
Date

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

Carol A. Fredericks  
Superintendent or Designee Date

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

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

**FACILITY USE APPLICATION**

RURAL AWARENESS, INC. Please Circle One: I II **III**  
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

LORA W. JONES Street Address Town Zip Phone#  
 Responsible Party

BROOKS DURBIN Street Address Town Zip Phone#  
 Alternate Responsible Party

**FACILITY REQUESTED:**

New APR \_\_\_\_\_ Baseball Field \_\_\_\_\_ Other 1837 ONE-ROOM SCHOOLHOUSE  
 Old APR \_\_\_\_\_ Soccer Field \_\_\_\_\_  
 Classroom(s) # \_\_\_\_\_ Softball Field \_\_\_\_\_ Weekend Custodian Needed: Yes \_\_\_\_\_  
 (\$30 per hour) No   
 Gymnasium \_\_\_\_\_ Solar Field \_\_\_\_\_

PURPOSE: OPEN SCHOOLHOUSE TO THE COMMUNITY FOR TOURS  
 ACTIVITIES: SHOWING SCHOOL LIFE IN THE MID-19<sup>TH</sup> CENTURY  
 EQUIPMENT (in house/supplied): WE SUPPLY BATTERY-OPERATED LANTERNS IF A DARK DAY  
 FACILITIES MODIFICATION (decorations, more furniture): N/A

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>29 MAY 2017</u>	<u>MONDAY,</u> <u>MEMORIAL DAY</u>	<u>(*) 10:00-10:30</u> <u>APPROX 10:30</u> <u>TV 1:00PM</u>	<u>4</u>	<u>EST. GUESTS: 50</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 \_\_\_\_\_
- 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.

**+ WILL BE RENEWED  
 MARCH 29, 2017**

• **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 3 FEB 2017  
 Signature of Applicant Date

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

Superintendent or Designee Date

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

**(\*) STARTS AFTER MEMORIAL SERVICE BY FIRE COMPANY @ 9:30 AM**

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)

Jennie Thumann PTA
Responsible Party Street Address Town Zip Phone#

Alternate Responsible Party Street Address Town Zip Phone#

FACILITY REQUESTED:

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

PURPOSE: READ ACROSS AMERICA DR. SEUSS BREAKFAST

ACTIVITIES: BREAKFAST

EQUIPMENT (In house/supplied): TABLES OPENED - 3 Serving tables set up

FACILITIES MODIFICATION (decorations, more furniture):

Table with 5 columns: Date(s) Requested, Day(s) of Week, Hours, # Participants, # Others. Handwritten entry: 3/2/17, Thursday, 6:30am-9am, TBD.

- Applicant has received and read Board of Education Policy... Yes \_\_\_ 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 \_\_\_
Franklin Township Board of Education must be named in the users insurance policy...
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...
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 2/14/17

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**

ATA Booster

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

Name of Organization/Sponsoring Organization \_\_\_\_\_  
11 11

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	<b>FACILITY REQUESTED:</b>
July 1	Fall Sports Season	Sept-Dec	New APR/Old APR <input checked="" type="checkbox"/> Baseball Field _____
Nov. 1	Winter Sports Season	Jan-Mar	Classroom(s) # _____ Soccer Field _____
Feb. 1	Spring Sports Season	Apr-June	Gymnasium _____ Softball Field _____
May 1	Summer Use	July-Aug	Other _____

PURPOSE: Sports Banquet

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

EQUIPMENT (in house/supplied): Podium, Microphone, Smartboard for slide show

FACILITIES MODIFICATION (decorations, more furniture): all tables set up + kitchen use

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>5/31/17</u>	<u>W</u>	<u>4:15-8:30</u>	<u>150</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.
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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

National Psoriasis Foundation Please Circle One: I II III  
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)

Chris Polansky  
Responsible Party Street Address Town Zip Phone#

Alternate Responsible Party Street Address Town Zip Phone#

FACILITY REQUESTED:

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

PURPOSE: rest stop for Team NPF Cycle event in NJ

ACTIVITIES: Cyclists will be stopping for water/snack break

EQUIPMENT (in house/supplied): we will supply a 10x10 tent, tables, chairs, and 1-2 porta-toilets

FACILITIES MODIFICATION (decorations, more furniture): - n/a -

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>5/19/17</u>	<u>Fri</u>	<u>pm</u>	<u>0</u>	
<u>5/20/17</u>	<u>Sat.</u>	<u>6a-6p</u>	<u>200</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 \_\_\_\_\_

• 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.

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[Signature] Date 1/30/17  
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

FTS PTA

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

Name of Organization/Sponsoring Organization

Chad Klasna

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  
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

New APR/Old APR  Baseball Field  
Classroom(s) #  Soccer Field  
Gymnasium  Softball Field  
Other \_\_\_\_\_

*Grass area behind school*

PURPOSE: Fun Fair

ACTIVITIES: bouncy, interactives, crafts, games, food

EQUIPMENT (in house/supplied): garbage pails, tables, chairs, extension cords

FACILITIES MODIFICATION (decorations, more furniture): outside only

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
June 6th, 2017	Tuesday	8am-3pm	FTS Students Faculty	-
June 13, 2017	"	"	"	

- 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  *online*
- 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.
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Signature of Applicant: Chad Klasna Date: 2/10/17

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

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

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