

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

FACILITY USE APPLICATION

Please Circle One: I II III

Name of Organization/Sponsoring Organization: 8th grade fundraiser
 Class of Organization (According to Policy): I

Responsible Party: Mary Ann Weiss Street Address: _____ Town: _____ Phone#: _____
Ken Weiss Street Address: _____ Town: _____ 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 _____	Softball Field _____
Feb. 1	Spring Sports Season	Apr-June	Other _____	
May 1	Summer Use	July-Aug	<u>front parking lot</u>	

PURPOSE: raise \$ for 8th grade class

ACTIVITIES: car wash

EQUIPMENT (In house/supplied): water connections (outside front door)

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

airdate

Date(s)/Requested	Day(s) of Week	Hours	# Participants	# Others
<u>10/1</u>	<u>Sat</u>		<u>30 students</u>	<u>5 parents</u>
<u>10/2</u>	<u>Sunday</u>	<u>10-2</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 - PTA)
- 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: 9/2/16

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

PTA, School Store
Name of Organization/Sponsoring Organization
Please Circle One: I II III
Class of Organization (According to Policy)

Jennie Thukann
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:

lunchroom.
New APR/Old APR APR Baseball Field
Classroom(s) # Soccer Field
Gymnasium Softball Field
Other

PURPOSE:

School Store
ACTIVITIES: Opportunity for students to purchase school items.

EQUIPMENT (in house/supplied):

FACILITIES MODIFICATION (decorations, more furniture):

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
10/26, 11/16	wednesday	lunch	3-5	
2/22, 3/29, 4/10		Period	Parent volunteers	

- 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.
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Signature of Applicant _____ Date 9/2/16

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

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

Karen Obiedzinski Street Address Town Zip Phone#
Responsible Party

Allison Witkowski Street Address Town Zip Phone#
Alternate Responsible Party

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 Library or other room with a lock.

PURPOSE: Holiday Workshop

ACTIVITIES: Children purchase holiday gifts.

EQUIPMENT (in house/supplied): Tables and a couple of chairs.

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Nov. 29, 2016</u>	<u>Tuesday S/U</u>	<u>9-2</u>	<u>2</u>	
<u>Nov. 30 Dec 1 & 2</u>	<u>Wed-Fri.</u>	<u>9-2</u>	<u>10</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 # _____ Yes _____ No
- 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.

Karen Obiedzinski 9/8/16
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

Girl Scouts Troop 80745 Please Circle One: I II III
 Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Maubeth Forbes
 Responsible Party Street Address Town Zip Phone#
Christine Thompson
 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 _____ Softball Field _____
 Feb. 1 Spring Sports Season Apr-June _____
 May 1 Summer Use July-Aug Other Meeting place

PURPOSE: Troop 80745 meeting
ACTIVITIES: meeting
EQUIPMENT (in house/supplied): tables/chairs
FACILITIES MODIFICATION (decorations, more furniture): ∅

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>3rd Tuesday each month</u>	<u>each month</u>	<u>6³⁰-8pm</u>	<u>20</u>	
<u>Oct¹⁶ → May 2017</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.
- **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 9-9-2016
 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 388, Rt. 579
 Quakertown, New Jersey 08868

FACILITY USE APPLICATION

Hunderdon Hustle 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 Other _____
 May 1 Summer Use July-Aug Weekend Custodian Needed: Yes _____ No _____
 (\$30 per hour)

PURPOSE: Basketball Practice
ACTIVITIES: _____
EQUIPMENT (in house/supplied): _____
FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Sept-June</u>	<u>Wednesday</u>	<u>6:30-9:30</u>	<u>15</u>	
Sept-Dec	Apr-June	Mondays	15	
Nov-Mar	Fridays	6:30-9:30	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 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.
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[Signature] Date 9/11/16
 Signature of Applicant Date

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

Superintendent or Designee Date

Comments: _____