XI.D.1

,

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

FACILITY USE APPLICATION

Tanklin Twp Name of Organization				Circle One			
, -	-	4		of Organiza		ng to Policy)	A second and a second and a second and a second and a second a second a second a second a second a second a se
<u>Joanne</u> Responsible Party	P. Hyland	Street Address	dland Ra Town	<u>(., </u> <u>P</u>) <u>F</u>	7 <u>57<i>6</i>LON, 1</u> Zip	<u>(, , 0886</u> / Phone#	908, 730.791
Alternate Responsible Party		Street Address	Town	n	Zip	Phone#	
REQUESTS FOR US	E MUST BE RECEIV	ED BY:	FACILITY REG	UESTED:	·		
July 1 For School Year Activity		Sept-June	New APR/Old /		Baseball Field	1	
	Sports Season	Sept-Dec	Classroom(s) #		Soccer Field	/	
Nov. 1 Win	ter Sports Season	Jan-Mar	Gymnasium	1	Softball Field	2.000	
Feb. 1 Spri	ng Sports Season	Apr-June	- -				
May 1 Sum	imer Use	July-Aug	Other				
PURPOSE: +0 gr	ve township	childven	OVGAMIZO	ed ple	Rig		
ACTIVITIES: Ind					/		
EQUIPMENT (in hous							
FACILITIES MODIFIC	,);				
		,	//				
Date(s) Requested Day		of Week	Hours # P		pants	# Others	
July 14-25	- M-F		8:30-12:30	150			
<u>Sery</u>							
 Applicant has receiv regulations. Does this activity re 	ed and read Board of quire waiving of any I		y pertaining to Use	of School F	Facilities and ag Yes <u>t</u> No YesNo	rees to abide by	y rules and
 Are any games of ch 			YesNo_				
If yes, State Reg. #		Local	l Permit #		<u></u>		
CERTIFICATE OF INSURANCE ATTACHED (OR COPY) YesNo							ship building
 Franklin Township B 	loard of Education mu	st be named in t	he users insurance	policy as a	ın additional ins	ured.	. ,
 The above-named o 	rganization complies	with Federal and	State anti-discrimi	natory laws			
 The applicant under The Board's insuran 	stands the Board as ce does not apply to g					or vehicles relat	ed to the function.
• At the end of each a	ctivity the custodian is	to be notified of	any appropriate re	pairs.			
• THIS ACTIVITY MA	Y BE CANCELLED		L NOT BEING IN	SESSION,	OR IF A BLA	CK SEAL CUS	TODIAN CANNOT
DE IN ATTENDANC	Aland	· ·		2.1	0-14		
Signature of Applicant	- Dem mar		· · · ·		Date		
Action Taken by Board	of Education on: D	ate	Approv	ed	Not Approved		
Superintendent or Des	ignee		Date				
Comments:	·					·	
Revised: 8/1/11							