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

FACILITY USE APPLICATION

Unded NJ / A Name of Organization/Sponsor	ing Organization		Please Circle One: 1 (II) III Class of Organization (According to Policy)				
Magan Houghe Responsible Party	Y Po Bo Street Ad		emington M	6830] Phone#	968-399-683		
Alternate Responsible Party	Street Ac	ddress Tow	n Zip	Phone#			
REQUESTS FOR USE MUST B	E RECEIVED BY:	FACILITY RE	EQUESTED:		of Habita occupation		
July 1 For School Ye	ar Activity Sept-Jun	ie New APR/Ol	d APR Basebal	R Baseball Field			
July 1 Fall Sports Se	ason Sept-Dec	Classroom(s))# Soccer F	ield			
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: BASKUHO	all Your	nament					
activities: BASKEH	35						
EQUIPMENT (In house/supplie	id): Chaules /	tables					
FACILITIES MODIFICATION (d	ecorations, more fur	niture):					
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others			
APRIL 18 25	SAT	JAM-9PM	50	20	in the state of th		
APRIL # 26	Sun	7AM-9PM	50	20			
 Applicant has received and rearegulations. 	d Board of Education	Policy pertaining to Us		and agrees to abide	by rules and		
Does this activity require waivi	ng of any Board polic	oles?	Yes	No <u>✓</u>	- 11 등 전 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13		
Are any games of chance being	g held?		Yes	No 🖊			
If yes, State Reg. #	Maria da la companya da de la companya	Local Permit#		ali			
CERTIFICATE OF INSURANCE	CE ATTACHED (OR C	OPY)	Yes <u>/</u>	No			
Franklin Township Board of Ed	ucation must be name	ed in the users insuran	ce policy as an additio	nal insured.			
The above-named organization	complies with Federa	al and State anti-discri	minatory laws.				
The applicant understands the The Board's insurance does no				ment or vehicles re	elated to the function.		
At the end of each activity the o	custodian is to be notif	ied of any appropriate	repairs.				
THIS ACTIVITY MAY BE CAN BE IN ATTENDANCE WHEN F	and the second of the second o	CHOOL NOT BEING	IN SESSION, OR IF A	BLACK SEAL C	USTODIAN CANNOT		
- است ۱۰۰۰ میمود)			9/19/	14			
Mille			The state of the s	<u> </u>			
Signature of Applicant			Date	All Begruie die Pie			
	on on: Date	Appr	ovedNot Appr	oved			
Signature of Applicant Action Taken by Board of Educati	on on: Date	Appr		oved			
	on on: Date	Appr Date		oved			

FACILITY USE APPLICATION

FTSchool, 8t	n Grade		Circle One: (I)	ji jii		
Name of Organization/Sponsoring) Organization	Class o	f Organization (Acc	_	🔿	
Vivian Paulte	y 240 Oak Gr	rove Rd.	Pitstour		7867	
Responsible Party	Street Address	Town`	Zip	` Phone#	908-788	06
Alternate Responsible Party	Street Address	Town	Zip	Phone#	,	
REQUESTS FOR USE MUST BE	RECEIVED BY:	FACILITY REQI	JESTED:			
July 1 For School Yea	r Activity Sept-June	New APB/Old A	PR Baseball	Field	±	
July 1 Fall Sports Sea	son Sept-Dec (Classroom(s) # Soccer Field				
Nov. 1 Winter Sports S	eason Jan-Mar 🤇	Gymnasium	Softball F	ield		
Feb. 1 Spring Sports S	eason Apr-June					
May 1 Summer Use	July-Aug (Other		7		
PURPOSE: 8th grad	e Glow Volleyho	all Dodg	eball, Di	nner L		naä
ACTIVITIES: GIOW VO	Heyball / Dodge	ball Tou	conent	(Gym) 1	DINNERLI	47 K
PURPOSE: 8th grad ACTIVITIES: 610 W VO EQUIPMENT (in house/supplied	n: Volley ball r	net set	up ingym	cofet	terra tal	oll.
FACILITIES MODIFICATION (de	corations, more furniture):	parent	5 will pro	vide i	n APR	
	C	secrati	ons '			
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others		
Tunes or June12,	FR1 6	-11 pm &	3th grade	4-6 cho	aperones	
LOIS (pending availa		5	stridents			
Applicant has received and real	•	artaining to Lise	of School Facilities	nd agrees to abid	e by rules and	
regulations.	a Buaid of Eddeallor Folley pe	rianing to obo	YesI	No	·•·	
· Does this activity require waiving	ng of any Board policies?		Yes	No.		
Are any games of chance being	j held?		Yes	No_V		
If yes, State Reg. #	Local Pe	ermit #			ILL BE	
· CERTIFICATE OF INSURANCE		Yes	NO. 7 F	ZOVIDED	BY	
Franklin Township Board of Edition	ucation must be named in the	users insurance	policy as an addition	nal insured. $\overline{\mathcal{B}}_{\ell}$	15E	•
The above-named organization	complies with Federal and Sta	ate anti-discrimi	natory laws.	EN) TERTAIN!	nel
The applicant understands the The Board's insurance does no	Board assumes no responsit	bility for damage	e to persons, equipo school facilities.	nent or vehicles r	related to the func	tion.
At the end of each activity the of						
• THIS ACTIVITY MAY BE CAN BE IN ATTENDANCE WHEN I		NOT BEING IN	SESSION, OR IF A	BLACK SEAL C	CUSTODIAN CAN	TOP
Y/w/c) 		10/6/14			
Signature of Applicant	——··	•	Date ²			
Action Taken by Board of Educati	on on: Date	Approv	edNot Appro	oved		
Superintendent or Designee		Date				
Comments:				<u> </u>		
Revised: 8/1/11						