## FRANKLIN TOWNSHIP BOARD OF EDUCATION

P.O. Box 368, Rt. 579 Quakertown, New Jersey 08868

FACILITY USE APPLICATION
Quakertown Fire comfany Please Circle One: 1 (1) 111
Name of Organization/Sponsoring Organization rgi on (According to Policy)
and Contellesi 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 V Softball Field
Feb. 1 Spring Sports Season Apr-June Parks Int I To I T
May 1 Summer Use July-Aug Other CAVE COT Front Fronce 1910
PURPOSE: Memorial Vary Observance
ACTIVITIES: Florg Raising - Plantinco Flowers EQUIPMENT (in house/supplied): Polium Will De Needed-May Need Speakers
EQUIPMENT (in house/supplied): MOUISM WILL DE Needed-Way Need Spramers
FACILITIES MODIFICATION (decorations, more furniture): Nのけて
Date(s) Requested Day(s) of Week Hours # Participants # Others
Morely Mary 25 Monday 9:30-1100 75
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 sound periods,
Are any games of chance being held?
If yes, State Reg. #Local Permit #
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.
<ul> <li>The applicant understands the Board assumes no responsibility for damage to persons, equipment or vehicles related to the function.</li> <li>The Board's insurance does not apply to groups and their members using the school facilities.</li> </ul>
<ul> <li>At the end of each activity the custodian is to be notified of any appropriate repairs.</li> </ul>
• THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOOL NOT BEING IN SESSION, OR IF A BLACK SEAL CUSTODIAN CANNOT BE IN ANTENDANCE WHEN REQUIRED. April 20, 205 Date
Signature of Applicant
Action Taken by Board of Education on: Date ApprovedNot Approved
Superintendent or Designee Date
Comments:
Revised: 8/1/11

XI.D.1.

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

## FACILITY USE APPLICATION

Baster Club	<u></u>	Pleas	e Circle One:	) 11 111	
Name of Organization/Sponsor	ring Organization			ccording to Policy)	
PTA	- 01	file -			
Responsible Party Athletic Dir	Street Addres	s Town	Zip	Phone#	
Alternate Responsible Party	Street Addres	s Town	Zip	Phone#	
REQUESTS FOR USE MUST	BE RECEIVED BY:	FACILITY REC	QUESTED:		
July 1 For School Y	ear Activity Sept-June	New APR/Old	APR Basebal	l Field	
July 1 Fall Sports Se	eason Sept-Dec	Classroom(s) #	# Soccer F	Field	
Nov. 1 Winter Sports	s Season Jan-Mar	Gymnasium	Softball	Field	
Feb. 1 Spring Sports	Season Apr-June				
May 1 Summer Use		Other			
PURPOSE: Sports					
ACTIVITIES: Dim	ur tirop				
EQUIPMENT (In house/suppli	ed): Podium	<u> </u>	stboard,	<u>projetor</u>	Microphone
FACILITIES MODIFICATION (	decorations, more furnitu	re): Loncy	Tables		v
	I				
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
6/11/15	Thurs.	6-8	150		
ang					
<ul> <li>Applicant has received and re regulations.</li> <li>Does this activity require wal</li> </ul>			Yes		by rules and
<ul> <li>Are any games of chance bei</li> </ul>					
	-	al Permit #	100		
CERTIFICATE OF INSURAN			Yes	No PTA 01	nfile
Franklin Township Board of E			e policy as an additio	nal insured.	
<ul> <li>The above-named organization</li> </ul>					
<ul> <li>The applicant understands the Board's insurance does read to be a series of the series</li></ul>				ment or vehicles re	lated to the function.
At the end of each activity the	custodian is to be notified	of any appropriate r	epairs.		
• THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN			N SESSION, OR IF A	BLACK SEAL CU	ISTODIAN CANNOT
Signature of Applicant	Cenderor		7/ <i>30//</i> Date	5	
Action Taken by Board of Educa	ation on: Date	Appro	vedNot Appr	oved	
Superintendent or Designee	· · · · · · · · · · · · · · · · · · ·	Date			
Comments:					
Revised: 8/1/11					

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

FACILITY USE APPLICATION

PTA Homeroor	n Parents	Pleas	se Circle One: (		_
Name of Organization/Sponsori	ng Organization	Class	s of Organization	(According to Policy	) –
Lynne French	<u> </u>				-
Responsible Party	Street Addres	s Towr	n Zip	Phone	*
Mary Beth torbe	<u>'S</u>	/	n Zip	Phone	<b>#</b>
Alternate Responsible Party	Street Addres		•	1 10110	-
REQUESTS FOR USE MUST B	E RECEIVED BY:	FACILITY RE			
July 1 For School Ye	ear Activity Sept-June	New APR/Old		ball Field	
July 1 Fall Sports Se	ason Sept-Dec	Classroom(s)	# Socce	er Field	
Nov. 1 Winter Sports	Season Jan-Mar	Gymnasium	Softba	all Field	
Feb. 1 Spring Sports	Season Apr-June				
May 1 Summer Use	July-Aug	Other			-
PURPOSE: POST 9	rap uation	<u>setres'n</u>	ments		
ACTIVITIES: buffet	<u>tables</u> of	Fornk	s -Shacks	s for tam	1/1es
EQUIPMENT (in house/supplie	ed): Caf. table	<u>S</u>		, ,	-
FACILITIES MODIFICATION (		re): POSSIE	le entry	doors deco.	rated with ering plants
FACILITIES MODIFICATION (	·,	Paper	-, garlas	nd, flou	ering plants
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
	tiled a day	3:30-	8:30 150	<u></u>	
6-17-13	Wednesday	0.00			
					_
<ul> <li>Applicant has received and re</li> </ul>		icy pertaining to Us	e of School Facilitie	es and agrees to abi	de by rules and
<ul> <li>Applicant has received and re regulations.</li> </ul>		ley pertaining to be	Yes <u>4</u>	<u>No</u>	
Does this activity require wait	ving of any Board policies?	?	Yes_	No	•
Are any games of chance being			Yes_	No/	
If yes, State Reg. #		cal Permit #			5 <sup>77</sup> 9 1
- CERTIFICATE OF INSURANCE ATTACHED (OR COPY)  Yes_NoON File					
Franklin Township Board of E			ce policy as an add	litional insured.	
The above-named organization					
The applicant understands the second se				uipment or vehicles	related to the function.
<ul> <li>The applicant understands u The Board's insurance does r</li> </ul>	not apply to groups and the	ir members using t	he school facilities.	,	
<ul> <li>At the end of each activity the</li> </ul>					
· THIS ACTIVITY MAY BE CA			IN SESSION, OR I	F A BLACK SEAL	CUSTODIAN CANNOT
BE IN ATTENDANCE WHEN	REQUIRED.	)	4-	27-15 5	thank you!
1 INN 7	and		7	2110	mane jou
Signature of Applicant					-
Action Taken by Board of Educ	ation on: Date	Appr	ovedNot A	pproved	•
	<u>_</u>				
Superintendent or Designee		Date			
Comments:		. <u></u>			
Revised: 8/1/11					