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

FACILITY USE APPLICATION

Hunter den Hu	stle	Please	Circle One:		
Name of Organization/Sponsor	ing Organization			ccording to Policy)	
Keyn McCar	<u>ym 9 Samur</u> Street Addres	of Willson Cr	1 Pitts fo	wa NJ	08867
Responsible Party	Street Addres	s Town	Zip	Phone#	•
Alternate Responsible Party	Street Addres	ss Town	Zip	Phone#	4721
REQUESTS FOR USE MUST	BE RECEIVED BY:	FACILITY REQU	JESTED:		
July 1 For School Y	ear Activity Sept-June	New APR/Old A	PR Baseba	Il Field	
July 1 Fall Sports S	eason Sept-Dec	Classroom(s) #	Soccer	Field	
Nov. 1 Winter Sports	Season Jan-Mar	Gymnasium	_X_ Softball	Field	
Feb. 1 Spring Sports Season Apr-June					
May 1 Summer Use		Other			
PURPOSE: Basker	ball preiotti	<u>Ĉ</u> ę	·····		
ACTIVITIES:	w/A				
EQUIPMENT (in house/suppli	od): N/A-				
FACILITIES MODIFICATION (	decorations, more furnitu	re): NIA			
(	,	···· •			
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
Sept-June	Mondays Tuesdays	3	15		
Sept - June	Tuesdays	3	15		
<ul> <li>Applicant has received and re regulations.</li> </ul>		cy pertaining to Use	of School Facilities Yes X	and agrees to abid	e by rules and
<ul> <li>Does this activity require wait</li> </ul>	3	Yes	NoX		
· Are any games of chance bei		Yes	No		
If yes, State Reg. #		al Permit #	and the set of the set of the		-
· CERTIFICATE OF INSURAN		Yes	No 0Y	1 file	
Franklin Township Board of Education must be named in the users insurance policy as an additional insured.					
The above-named organization	on complies with Federal an	nd State anti-discrimir	atory laws.		
<ul> <li>The applicant understands the Board's insurance does read to be a series of the series</li></ul>	ne Board assumes no resp not apply to groups and thei	oonsibility for damage	to persons, equip school facilities.	oment or vehicles r	elated to the function.
<ul> <li>At the end of each activity the</li> </ul>					
• THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN	NCELLED DUE TO SCHO			A BLACK SEAL C	USTODIAN CANNOT
AMUM			7/7/	14	
Signature of Applicant	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date		
Action Taken by Board of Educa	ation on: Date	Approv	edNot App	roved	
Superintendent or Designee	<u></u>	Date			
Comments:		· · · · · · · · · · · · · · · · · · ·			
Revised: 8/1/11					

### XI.D.1.

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

#### FACILITY USE APPLICATION

Name of Organization/Sponsor	LAKE, BALL		se Circle One:	) II III coording to Policy)
LYNKE FRENCH Responsible Party LISA FRASCA Alternate Responsible Party	- A COL	RUAD ATT ss Town	570.00 055 Zip 0 0 7500	267 908 730 -6899
REQUESTS FOR USE MUST	BE RECEIVED BY:	FACILITY RE	QUESTED:	
July 1 For School Y	ear Activity Sept-June	New APR/Old	APR Baseball	Field
July 1 Fall Sports Se	eason Sept-Dec	Classroom(s)	# Soccer F	ield
Nov. 1 Winter Sports	s Season Jan-Mar	Gymnasium	V¥ Softball F	-ield
Feb. 1 Spring Sports	s Season Apr-June	х.		·
May 1 Summer Use	July-Aug	Other had	lypy surn	sunding gym + library
PURPOSE: PROVIDE A F	1	b		
				LICKYTRAY, AHOTO BOOTH, DEIN
EQUIPMENT (in house/suppli	ed): 75 chairs 4	tables (for c	cats + thcky	tray + beverages) ladder
	KER ROOM DOOR		/ 1 .	<u>ccess</u> to participanis
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
January 23rd	Friday	3-10:30	200	lor 2 DJs
ernate Jan 30th	Friday			
	ad Board of Education Pol	licy pertaining to Use	e of School Facilities a Yes	and agrees to abide by rules and <b>No</b>
<ul> <li>Does this activity require wai</li> </ul>	ving of any Board policies	?	Yes	No
	ng held?		Yes <u></u>	
<ul> <li>Are any games of chance bei</li> </ul>				WILL BE AZOVIDED
Are any games of chance bei     If yes, State Reg. #	Lo	cal Permit #		MILL GO HAR SO D
				No on file
If yes, State Reg. #	NCE ATTACHED (OR COP	Y)	Yes	No on file
If yes, State Reg. #	NCE ATTACHED (OR COP Education must be named in	Y) n the users insuranc	Yes	No on file
<ul> <li>If yes, State Reg. #</li> <li>CERTIFICATE OF INSURAN</li> <li>Franklin Township Board of E</li> <li>The above-named organization</li> </ul>	NCE ATTACHED (OR COP Education must be named in on complies with Federal a ne Board assumes no resp	Y) n the users insuranc nd State anti-discrim ponsibility for dama	Yes e policy as an addition ninatory laws. ge to persons, equipr	No on file
If yes, State Reg. # • CERTIFICATE OF INSURAN • Franklin Township Board of E • The above-named organization • The applicant understands the	NCE ATTACHED (OR COP Education must be named in on complies with Federal a ne Board assumes no resp not apply to groups and the	Y) n the users insuranc nd State anti-discrim ponsibility for dama ir members using th	Yes e policy as an addition ninatory laws. ge to persons, equipr e school facilities.	No のfile nal insured.
<ul> <li>If yes, State Reg. #</li> <li>CERTIFICATE OF INSURAN</li> <li>Franklin Township Board of E</li> <li>The above-named organization</li> <li>The applicant understands the The Board's insurance does result of each activity the</li> <li>At the end of each activity the</li> <li>THIS ACTIVITY MAY BE CAN BE IN ATTENDANCE WHEN</li> </ul>	NCE ATTACHED (OR COP Education must be named in on complies with Federal at the Board assumes no resp not apply to groups and the e custodian is to be notified ANCELLED DUE TO SCHO DREQUIRED	Y) n the users insuranc nd State anti-discrim ponsibility for dama ir members using th of any appropriate r	Yes e policy as an addition ninatory laws. ge to persons, equipr e school facilities. repairs.	No クロ file nal insured.
<ul> <li>If yes, State Reg. #</li> <li>CERTIFICATE OF INSURAN</li> <li>Franklin Township Board of E</li> <li>The above-named organization</li> <li>The applicant understands the The Board's insurance does result of each activity the</li> <li>At the end of each activity the</li> <li>THIS ACTIVITY MAY BE CAN BE IN ATTENDANCE WHEN</li> </ul>	NCE ATTACHED (OR COP Education must be named in on complies with Federal at the Board assumes no resp not apply to groups and the e custodian is to be notified ANCELLED DUE TO SCH	Y) n the users insuranc nd State anti-discrim ponsibility for dama ir members using th of any appropriate r	Yes e policy as an addition ninatory laws. ge to persons, equipr e school facilities. repairs.	No の file nal insured. ment or vehicles related to the function.
If yes, State Reg. # • CERTIFICATE OF INSURAN • Franklin Township Board of E • The above-named organizatio • The applicant understands the The Board's insurance does r • At the end of each activity the • THIS ACTIVITY MAY BE CAR BE IN ATTENDANCE WHEN • ATTENDANCE WHEN	NCE ATTACHED (OR COP Education must be named in on complies with Federal at the Board assumes no resp not apply to groups and the e custodian is to be notified ANCELLED DUE TO SCHE DREQUIRED	Y) n the users insuranc nd State anti-discrim ponsibility for dama ir members using th of any appropriate r	Yes e policy as an addition ninatory laws. ge to persons, equipr e school facilities. repairs. N SESSION, OR IF A 7 10 4 Date	No の file nal insured. ment or vehicles related to the function. BLACK SEAL CUSTODIAN CANNOT
If yes, State Reg. # • CERTIFICATE OF INSURAN • Franklin Township Board of E • The above-named organizatio • The applicant understands the The Board's insurance does r • At the end of each activity the • THIS ACTIVITY MAY BE CAR BE IN ATTENDANCE WHEN Signature of Applicant	NCE ATTACHED (OR COP Education must be named in on complies with Federal at the Board assumes no resp not apply to groups and the e custodian is to be notified ANCELLED DUE TO SCHE DREQUIRED	Y) n the users insurance and State anti-discrim ponsibility for dama for members using the of any appropriate r <b>DOL NOT BEING II</b>	Yes e policy as an addition ninatory laws. ge to persons, equipr e school facilities. repairs. N SESSION, OR IF A 7 10 4 Date	No の file nal insured. ment or vehicles related to the function. BLACK SEAL CUSTODIAN CANNOT

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

### FACILITY USE APPLICATION

	Please Circle One: 11 III				
	Class of Organization (According to Policy)				
The the second s	TTSTOWN 08867 408 730-6899				
MARYBETTH FORBES 235 04k GRUE Alternate Responsible Party Street Address T	<u>RD PITTSTAIN 08867 908</u> 788-6076 Town Zip Phone#				
REQUESTS FOR USE MUST BE RECEIVED BY: FACILITY	REQUESTED:				
July 1 For School Year Activity Sept-June New APR/	w APR/Old APR Baseball Field				
July 1 Fall Sports Season Sept-Dec Classroom	n(s) # Soccer Field				
Nov. 1 Winter Sports Season Jan-Mar Gymnasiu	m Softball Field				
Feb. 1 Spring Sports Season Apr-June	4 k				
May 1 Summer Use July-Aug Other	ibrary				
PURPOSE: PTA MEETINGS					
ACTIVITIES: Hour long monthly meetin					
EQUIPMENT (in house/supplied): * possibly a p	Noto copier excausionally*				
- FACILITIES MODIFICATION (decorations, more furniture):					
Date(s) Requested Day(s) of Week Hours	# Participants # Others				
9/16, 10/21, 11/18, TUESDAYS 7:00-8	30 24				
1/10, 200, 2/17, 3/17 (3rd of each month)					
<ul> <li>Applicant has received and read Board of Education Policy pertaining to regulations.</li> </ul>	Use of School Facilities and agrees to abide by rules and Yes <u>Ves</u> No				
Does this activity require waiving of any Board policies?	YesNo_				
Are any games of chance being held?	YesNo_				
If yes, State Reg. # Local Permit #					
CERTIFICATE OF INSURANCE ATTACHED (OR COPY)	YesNoOnfile				
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-dis	scriminatory laws.				
<ul> <li>The applicant understands the Board assumes no responsibility for da The Board's insurance does not apply to groups and their members using the statement of the st</li></ul>	amage to persons, equipment or vehicles related to the function. ng the school facilities.				
At the end of each activity the custodian is to be notified of any appropri	ate repairs.				
• THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOOL NOT BEIN (BE IN ATTENDANCE WHEN REQUIRED.	IG IN SESSION, OR IF A BLACK SEAL CUSTODIAN CANNOT				
Synne French	1/10/14				
Signature of Applicant	Date				
Action Taken by Board of Education on: DateA	pprovedNot 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

FTS-PTA     Book     Fair     Please Circle One:     II     III       Name of Organization/Sponsoring Organization     Class of Organization     Class of Organization     Class of Organization						
Marybeth Forbes 255 OakGrove Rd Pittstown 9087886076 Besponsible Party Street Address Town Org. 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 Softball Field						
Feb. 1 Spring Sports Season Apr-June						
May 1 Summer Use July-Aug Other LIDY CLY						
PURPOSE: Scholashe Book Fair						
ACTIVITIES: BOOK tair, tamily night						
EQUIPMENT (in house/supplied): $tables(4)$						
- FACILITIES MODIFICATION (decorations, more furniture):						
Date(s) Requested Day(s) of Week Hours # Participants # Others						
Q 17( + 10/3/4 E N+ = 845-300						
10/1/14 W 6pm-9pm 100 (family night)						
Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations.						
Does this activity require waiving of any Board policies?     Yes_No_+						
Are any games of chance being held?     YesNo						
If yes, State Reg. # Local Permit #						
· CERTIFICATE OF INSURANCE ATTACHED (OR COPY) ON FILE Yes No						
Franklin Township Board of Education must be named in the users insurance policy as an additional insured.     On File						
<ul> <li>The above-named organization complies with Federal and State anti-discriminatory laws.</li> </ul>						
<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 BETN ATTENDANCE WHEN REQUIRED.						
Dechable 7:22.14						
Signature of Applicant Date						
Action Takes by Board of Education on: DateApprovedNot Approved						
Superintendent or Designee Date						
Comments:						

Revised: 8/1/11

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