

FRANKLIN TOWNSHIP BOARD OF EDUCATION

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

FACILITY USE APPLICATION

Cultural Arts Committee FTS PTA
Name of Organization/Sponsoring Organization

Please Circle One: (I) II III
Class of Organization (According to Policy)

Jennifer May on file
Responsible Party Street Address Town Zip Phone#

Vivian Painter on file
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:

New APP Old APP Baseball Field
Classroom(s) # Soccer Field
Gymnasium Softball Field
Other

PURPOSE: China Patterns Assembly

ACTIVITIES: Two performances at 9 am + 10 am

EQUIPMENT (in house/supplied): 1 mic + stand, 6 armless chairs, 1 table for dressing area + CD player
14 ft. high ceiling + 20x20 performance space

FACILITIES MODIFICATION (decorations, more furniture):

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>Feb. 27</u>	<u>Friday</u>	<u>8:30-11 am</u>	<u>Pre K - 8</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
- 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]
Signature of Applicant

9/16/14
Date

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

Superintendent or Designee

Date

Comments: _____

AMENDED 9/18/14

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

FACILITY USE APPLICATION

FTS PTA SNOWFLAKE BALL

Please Circle One: I II III
Class of Organization (According to Policy)

LYNNE FRENCH 224 SIDNEY RD PITSTOWN 08867 908-730-6899

LISA FRASCA 6 HICKORY CT CLINTON 08809 201-681-4596

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 hallways surrounding gym+library

PURPOSE: PROVIDE FAMILY ENVIRONMENT FOR DANCING + GAMES

ACTIVITIES: DANCE, FACE PAINTING, SINGING, TOSS GAME, TRICKY TRAY, BEVERAGES/SNACKS

EQUIPMENT (in house/supplied): 75 chairs - gym, 8 tables (coats, tricky tray, refreshments), ladders

FACILITIES MODIFICATION (decorations, more furniture): String lights, paper snowflakes, evergreens

*NO MATS OR GYM CLASS EQUIPMENT IN GYM PLEASE *

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
Jan 23rd	Friday	3-10:30	200	1 or 2 DJs
alternate Jan 30	Friday			

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) ON FILE 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 of Applicant Lynne French

7/10/14
Date

Action Taken by Board of Education on: Date 8/18/14 ☒ 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 / middle school dance

Please Circle One: I II III
Class of Organization (According to Policy)

Name of Organization/Sponsoring Organization

Alice DiGiacumbattista 60 Upper Kinetown Pittstown 08867 908-963-3491

Responsible Party Street Address Town Zip Phone#

Dineen Jordan 908-295-6579

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:

New APP Old APP X Baseball Field

Classroom(s) # Soccer Field

Gymnasium Softball Field

Other

PURPOSE: middle school dance

ACTIVITIES: DJ, dancing

EQUIPMENT (in house/supplied): (6) round tables - (8) rectangular tables 24 chairs,

FACILITIES MODIFICATION (decorations, more furniture): use of stage for DJ. 3 large trash cans

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
01-16-15	friday	5:30-10:30	100	

- 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
- 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 09-19-14

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

Please Circle One: I II III

Name of Organization/Sponsoring Organization

Class of Organization (According to Policy)

Latrina Mari 65 Upper Kingtown Rd Pittstown 08867

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:

New APR/Old APR _____ Baseball Field _____
Classroom(s) # _____ Soccer Field _____
Gymnasium _____ Softball Field _____
Other Lunch Room

PURPOSE:

School Store
Each grade will have a chance to shop during lunch period
2 long tables please

FACILITIES MODIFICATION (decorations, more furniture):

<u>11.13.14</u>	<u>Thursday</u>	<u>3</u>	<u>3-4</u>	
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>2.5.15</u>	<u>Thursday</u>	<u>all</u>	<u>3-4</u>	
<u>4.30.15</u>	<u>Thursday</u>	<u>lunch periods</u>	<u>3-4</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

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

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

United NJ, AAU

Please Circle One: I II III

Name of Organization/Sponsoring Organization

Class of Organization (According to Policy)

Megan Haughey

Po Box 1059

Flemington NJ

08801

908-399-6833

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 <input checked="" type="checkbox"/>	Softball Field
Feb. 1	Spring Sports Season	Apr-June		
May 1	Summer Use	July-Aug	Other	

PURPOSE: Basketball tournament

ACTIVITIES: Basketball

EQUIPMENT (In house/supplied): Chairs / tables

FACILITIES MODIFICATION (decorations, more furniture):

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
APRIL 18	SAT	7AM-9PM	50	20
APRIL 19	SUN	7AM-9PM	50	20

- 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 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

Franklin Township Rec Please Circle One: I II III
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
MARK MROZ 216 Sidney RD Pithstown 08867 908 500 8448
Responsible Party Street Address Town Zip Phone#
Kevin Suydam 111 Pithstown RD Pithstown 08867 908 339 2536
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 <u>X</u>	Baseball Field	_____
July 1	Fall Sports Season	Sept-Dec	Classroom(s) # _____	Soccer Field	_____
Nov. 1	Winter Sports Season	Jan-Mar	Gymnasium <u>X</u>	Softball Field	_____
Feb. 1	Spring Sports Season	Apr-June			
May 1	Summer Use	July-Aug	Other _____		

PURPOSE: Recreation BASKETBALL PRACTICE and Games

ACTIVITIES: Basket Ball

EQUIPMENT (in house/supplied): ~~None~~ Scoring table and chairs on SATURDAYS

FACILITIES MODIFICATION (decorations, more furniture): NONE

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
November 2014 - MARCH - 2015	M-T-W-T	7 PM - 9 PM	20-30	
<u>September 2014 -</u> <u>MARCH 2015</u>	<u>Saturday</u>	<u>8 AM - 3 PM</u>	<u>50-60</u>	<u>30</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 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 _____ No X *will be mailed on file*
- 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 8/10/14

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 Slick Blue Mtn

Please Circle One: (I) II III
Class of Organization (According to Policy)

Name of Organization/Sponsoring Organization

FTS-PTA Karen Sutton 103 Upper Kingston Rd, P. 5600
Responsible Party Street Address Town Zip Phone# 908-310-8135

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	<u>New APP</u> Old APP <input checked="" type="checkbox"/>	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 _____		

PURPOSE: Blue Mountain rep coming to provide Add'l detail

ACTIVITIES: _____

EQUIPMENT (in house/supplied): _____ projector

FACILITIES MODIFICATION (decorations, more furniture): tables set up (8-10)

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>10/8</u>	<u>Wed.</u>	<u>1 hr</u>	<u>30</u>	
		<u>7:30-8:30</u>		

10/8

- 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
- 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]
Signature of Applicant

9/18/2014
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

Immaculate Conception c/o Basketball Please Circle One: I II III
Name of Organization/Sponsoring Organization Class of Organization (According to Policy) 908-797-1862
Laura Ostrowski 314 Old Allerton Rd, Annandale, NJ 08801
Responsible Party Street Address Town Zip Phone#
Kevin McCarron same 908-625-4721
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	<input checked="" type="checkbox"/> Softball Field	_____
Feb. 1	Spring Sports Season	Apr-June			
May 1	Summer Use	July-Aug	Other		_____

PURPOSE: Basketball Practices

ACTIVITIES: _____

EQUIPMENT (in house/supplied): We will supply Basketballs; would need baskets lowered

FACILITIES MODIFICATION (decorations, more furniture): _____

Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
<u>November 2014 - March 2015</u>	<u>thurs & Friday</u>	<u>6:30 - 9:30</u>	<u>3 sessions per night w/ 15 each session</u>	
	<u>& thursday 1st choice</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.

Laura Ostrowski 9/18/14
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

FTS PTA /

Please Circle One: I II III IV V

Name of Organization/Sponsoring Organization

Class of Organization (According to Policy)

Karen Obiedzinski 91 Sky Manor Rd. Pittstown, NJ 08867 (908) 996-7919

Responsible Party Street Address Town Zip Phone#

Allison Witkowski 243 Cherryville Rd. Flemington, NJ 08822 (908) 751-4287

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:

All Purpose Room ☐ Soccer Field ☐
Classroom(s) # ☐ Softball Field ☐
Gymnasium ☒ Other Room 201 or Any room with a lock
Library ☐
Baseball Field ☐

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
Dec. 2, 2014	Tuesday S/u	4-7	3	
Dec. 3, 4, & 5	Wed, Thurs, Fri	9-2	10	

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) on File 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 9/24/14
Signature of Applicant Date

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

Superintendent or Designee Date

Comments: