XI.D.1.

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

Cultural Art Co	mmithe FTS PT	the second se	e Circle One:	11 111	
Name of Organization/Sponsori	ng Organization	Class	of Organization	cording to Policy)	
Jenner May	Street Addres	<u>file</u> ss Town	Zip	Phone#	
Responsible Party	- Ön sileet Auures	ss iowii	Δp	t nonoù	
Alternate Responsible Party	Street Addres	ss Town	Zip	Phone#	
REQUESTS FOR USE MUST B	E RECEIVED BY:	FACILITY REC	QUESTED:		
July 1 For School Ye	ar Activity Sept-June	New APR Old	APP Baseball	Field	
July 1 Fall Sports Se	ason Sept-Dec	Classroom(s)	# Soccer F	ield	
Nov. 1 Winter Sports	Season Jan-Mar	Gymnasium	Softball F	-ieid	
Feb. 1 Spring Sports	Season Apr-June				
May 1 Summer Use	July-Aug	Other			
	Herns Assemble				
ACTIVITIES: Two pre	performances at	gain + 10) airs		
EQUIPMENT (in house/supplie	ed): 1 mic + sland,	6 armless	chairs # 1 he	able for dres	siy area t CO Playe
FACILITIES MODIFICATION (ecorations, more furnitu	ire):	Nog		1 - avge
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
61 27	in the	8:30-11 am	Prek - 8		
Feb. 27	Many	10 Start any			
 Applicant has received and re regulations. 	ead Board of Education Po	licy pertaining to Us	e of School Facilities Yes	and agrees to abide _ No	by rules and
Does this activity require wai	ving of any Board policies	?	Yes	_No	
Are any games of chance bei	ng held?		Yes	_No/	
If yes, State Reg. #	Lo	cal Permit #		0,	
CERTIFICATE OF INSURAM			Yes/	No on file	
Franklin Township Board of E	Education must be named i	in the users insuran	ce policy as an additic	onal insured.	
The above-named organization	on complies with Federal a	und State anti-discrir	ninatory laws.		
The applicant understands the Board's insurance does in the B	he Board assumes no res not apply to groups and the	ponsibility for dama air members using t	age to persons, equip he school facilities.	oment or vehicles re	lated to the function.
 At the end of each activity the 					
• THIS ACTIVITY MAY BE CA	ANCELLED DUE TO SCH			A BLACK SEAL CI	JSTODIAN CANNOT
BE IN ATTENDANCE WHEN	REQUIRED.		9/16	114	
Signature of Applicant			Date	<u> </u>	
Action Taken by Board of Educ	ation on: Date	Аррі	ovedNot App	proved	
Superintendent or Designee		Date			
Comments:					
Revised: 8/1/11					

*AMENDED 9/18/14

FRANKLIN	тоу	VNSH	IP BO	ARD	OF	EDUCATION
	_			D 1 1		

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

FACILITY USE APPLICATION	FACIL	ITY US	E APPL	ICATION
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FACILITY USE AT LEGATION
FTS PTA SNOWFLAKE BALL Please Circle One: III III Class of Organization Class of Organization (According to Policy)
Name of Organization/Sponsoring Organization
LYNNE FRENCH 224 SIDNEYRD PITTSTOWN 0886/90-130-6899 Demonstry Street Address Town Zip Phone#
Hesponsible any and the second s
<u>Alternate Responsible Party</u> Street Address Town Zip Phone#
REQUESTS FOR USE MUST BE RECEIVED BY: FACILITY REQUESTED:
New APB/Old APB Baseball Field
Surger Field
July 1 Fail Sports Season Sopr Boo Cumpasium V Softball Field
Nov. 1 Willier Sports Season Oan Mar Oshinitation
Feb. 1Spring Sports SeasonApr-JuneMay 1Summer UseJuly-AugOther hallways Surrounding Symthibrary
May 1 Summer Use July-Aug Other <u>Mallweigs Starteurice Office</u> Robert
PURPOSE: PROVIDE FAMILY ENVIRONMENT FOR DANCING + GAMES
ACTIVITIES: DANCE, FACE PAINTING, SINGINZ, TOSS GAME, TRICKY TRAY, BENERAGES/SWACKS
FOURMENT (in house/supplied): 10 Chars ~ Jum, O Race (cars), merchang remember () hereiter
FACILITIES MODIFICATION (decorations, more furniture): String lights, paper Snew Flakes, every reens
* NO MATS OR GYM CLASS EQUIPMENT IN GYM PLEASE *
Date(s) Requested Day(s) of Week Hours # Participants # Others
Jan 23-0 Friday 3-10:30 200 10-20J3
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.
Does this activity require waiving of any Board policies? Yes
• Are any games of chance being held? Yes No
Are any games of chance being held? If yes, State Reg. #Local Permit # Local Permit #
· CERTIFICATE OF INSURANCE ATTACHED (OR COPY) ON FILE Yes No FEWDING TWINSHP
 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. 7/10/14
Signature of Applicant Date
Action Taken by Board of Education on: Date 81814 ApprovedNot Approved
Superintendent or Designee Date
Comments:
Revised: 8/1/11

PTA	1 mic	alest	wildana		Circle Or			<u> </u>
Name of Organization/S	ponsorir	ng Organiza			of Organiz	ation (Acco	ording to Policy)	908-963-
All (DIGICIH Responsible Party	bot	tiste	Street Address	KIN GOUN Town	PH	Zip	Phone#	3441
DIN 20 A DICAN	ſ						<u> </u>	715-6579
Alternate Responsible P	arty		Street Address	Town	-	Zip	Phone#	
REQUESTS FOR USE	MUST B	E RECEIVE	D BY:	FACILITY REQ	UESTED:	:		
July 1 For Se	chool Ye	ar Activity	Sept-June	New APP(Old /	APR X	Baseball Fi	eld	
July 1 Fall S	ports Se	ason	Sept-Dec	Classroom(s) #		Soccer Fiel	id	、 ·
Nov. 1 Winter	r Sports	Season	Jan-Mar	Gymnasium		_ Softball Fie	ld	
Feb. 1 Spring	g Sports	Season	Apr-June	,		-		
and the second sec	ner Use	k •	July-Aug	Other				
PURPOSE: MULL	lsh	001 (100	ne	· · · · · · · · · · · · · · · · · · ·				
ACTIVITIES:	Marci	nG	8 8 4 4 4	1140 7.00	(a)	IC a via	1 a 1 11.	, all chaice
EQUIPMENT (in house	/supplie	ed): (&) (bund tept	y Hatterf	<u> </u>	120 ting	ulos Tube	27 UNONS,
ACTIVITIES: <u>123</u> EQUIPMENT (in house FACILITIES MODIFICA	TION (d	ecorations	, more furnitur	e): USC of sta	ige for	0.7	3 large	e trasm cans
	. •				0			<u>.</u>
Date(s) Requeste	əd	Day(s)	of Week	Hours	# Parti	cipants	# Others	-
01-110-15		frida	1	5.30-10:30	100		<u></u>	•
<u> </u>			•					_
•					-f Dahoa		d agrees to abid	e by rules and
 Applicant has receive regulations. 	d and re	ad Board o	FEducation Polic	cy pertaining to Use	3 01 SCHOO	Yes <u>V</u> N	lo	
 Does this activity req 	uire waiv	ving of any	Board policies?			YesN	io <u>V</u>	
Are any games of cha						YesN	lo	
lf yes, State Reg. #			Loc	al Permit #				
CERTIFICATE OF IN								r (i e
Franklin Township Bo	pard of E	ducation m	ust be named in	the users insurance	e policy a	s an addition:	al insured.	
 The above-named or 	ganizatio	on complies	with Federal an	d State anti-discrin	ninatory la	WS.		
 The applicant unders The Board's insurance 	stands th æ does r	ne Board as	ssumes no resp groups and their	onsibility for dama r members using th	ge to pers le school f	sons, equipm iacilities.	ent 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 A JENDANCE WHEN REQUIRED.								
		09.1	9-14					
Signature of Applicant	and the second se					Date		
Action Taken by Board	of Educ	ation on: 🔄	Date	Аррго	oved	Not Appro	ved	
Superintendent or Designee Date								
Superintendent or Desi								
Comments:				<u>,</u>	1			
Revised: 8/1/11	Revised: 8/1/11							

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FACILITY USE APPLICATION	
Please Circle One: () II III	
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)	
batring (1 bri 6 Upper Kingtown Kar Kittstown 08867	
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 Softball Field	
Feb. 1 Spring Sports Season Apr-June	
May 1 Summer Use, July-Aug Other WMCVI KODV	
PURPOSE: SCADO STORE	1
ACTIVITIES: Each gade well have a change to shop dring lu	ncly
EQUIPMENT (In house/supplied): 2 Long tables please prease p	nioo
FACILITIES MODIFICATION (decorations, more furniture):	
11. 13.14 Thursdan 2 3-4	
Date(s) Requested Day(s) of Week Hours # Others # Others	
2. 5. 15 The shade at the X 2-H	
<u>0.5.15</u> Thursday W. N. J. 3-4 <u>4.30-15</u> Thursday W. pril 3-4	
<u>9.00-15 (Thursday 10 pt 1 3-1</u>	
Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. YesNo	ţ
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) YesNo	
Franklin Township Board of Education must be named in the users insurance policy as an additional insured.	
 The above-named organization complles 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 The Board's insurance does not apply to groups and their members using the school facilities. 	function.
 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 OF BE IN APTENDANCE WHEN REQUIRED.	CANNOT
MADINIQUI 4.8.14	
Signature of Applicant Date	
Action Taken by Board of Education on: DateApprovedNot Approved	
Superintendent or Designee Date	
Comments:	

Revised: 8/1/11

Name of Organization/Sponso		도는 것 것 가슴을 만나라 볼 <u>~~~~</u> ~~ 볼	of Organization (Acc		0.000
Megan Houghe Responsible Party	Ly Po Box Street Addr		Mington NJ Zip	<u>() 8 /0)</u> Phone#	968-399-683
Alternate Responsible Party	Street Addr	ess Town	Zip	Phone#	
REQUESTS FOR USE MUST	BE RECEIVED BY:	FACILITY REC	UESTED:		
July 1 For School Y	ear Activity Sept-June	New APR/Old	APR Baseball I	-ield	
July 1 Fall Sports S	eason Sept-Dec	Classroom(s)	Soccer Fi	əld	
Nov. 1 Winter Sport	s Season 🤄 Jan-Mar	Gymnasium	Softball Fi	eld	
Feb. 1 Spring Sport	s Season Apr-June				
May 1 Summer Use	ge i stigt gebruid gegen konstatue.	Other			
PURPOSE: BASKEH	service that the early received as a service of	ament			
ACTIVITIES: BASKed	There is a second s				
EQUIPMENT (In house/suppl	led): Chaues / +	ables			
FACILITIES MODIFICATION (decorations, more furnit	ure):			and and a second se Second second
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
APRIL 18	SAT	JAM-9PM	50	20	
APRIL 19	SON	7AM-9Pm	50	20	
Applicant has received and re regulations.	ead Board of Education Po	plicy pertaining to Use	of School Facilities an		e by rules and
Does this activity require wai	ving of any Board policies	an ana ann an 1998. 82 an t-rainn an 1998.	YesN	lo <u>/</u>	
Are any games of chance bei	ng held?		YesN	10 <u>/</u>	
If yes, State Reg. #	Lc	ocal Permit #			
CERTIFICATE OF INSURAN	ICE ATTACHED (OR COI	PY)	YesN	lo	
Franklin Township Board of E	ducation must be named	in the users insurance	e policy as an addition	al insured.	
The above-named organization	on complies with Federal a	and State anti-discrim	inatory laws.		
The applicant understands the Board's insurance does r				ent or vehicles re	alated to the function.
At the end of each activity the	custodian is to be notified	t of any appropriate r	apairs.	94.4 50 5 198. 9 1.9 19 1.9 19 19 19 19 19 19 19 19 19 19 19 19 19	
THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN		IOOL NOT BEING IN	I SESSION, OR IF A	BLACK SEAL C	USTODIAN CANNOT
men-2	\mathcal{I}		9/19/1	4	
Signature of Applicant			Date		
Action Taken by Board of Educa	ation on: Date	Appro	vedNot Appro	ved	法式审判 计标准算符 为了 1993年,于注意的
en men in entre factories and the state of the second distance of the second					
	and the second			sa maalina ja saa mijita si tita	Carl at the second s
uperintendent or Designee		Date			일을 하는 것은 것으로 가격했다. 그럼 만들고 있는 것은 것은 것으로 가격했다.

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A PACINIT USE APPLICATION
FRAWKIN, TOOWNSHIP REC Please Circle One: 1 (11) 111
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
MARK MROZ 216 Sidney RD Pittstown 08867 908500 8448
Name of Organization/Sponsoring OrganizationClass of Organization (According to Policy)MARKMROZ216 Sidwig RDPittstown08867908 500 8448Responsible PartyStreet AddressTownZipPhone#Iccvin Sugdam111Pittstan vRDPittstam08867908 3392534Alternate Responsible PartyStreet AddressTownZipPhone#Alternate Responsible PartyStreet AddressTownZipPhone#
Kevin Suydom 111 1. H Stars NO 11751 and 08861 408 551
Alternate Responsible Party Street Address Town Zip Prione#
REQUESTS FOR USE MUST BE RECEIVED BY: FACILITY REQUESTED:
July 1 For School Year Activity Sept-June New APR/Old APR_ K Baseball Field
July 1 Fall Sports Season 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 July-Aug Other PURPOSE: Recreation BASKetPALL PRActice and Games
ACTIVITIES: BASKet BACK
EQUIPMENT (in house/supplied): New Scoring table and Chairs on Staturday
FACILITIES MODIFICATION (decorations, more furniture):
Date(s) Requested Day(s) of Week Hours # Participants # Others
March-2014 - M-T-W-T 7 PM 9Pm 26-30
MARCH - 2015 M-1-W-1 1 1 1 0 00 December 2014 - SAturday 8 Am 3 PM 50-60 30
MAR CA VOIS
Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. Yes <u>V</u> No
Does this activity require waiving of any. Board policies? Yes_No_X
Are any games of chance being held? YesNo_
GERTIFICATE OF INSURANCE ATTACHED (OR COPY) Yes_No_X will be moiled
• CERTIFICATE OF INSURANCE ATTACHED (OF COPT)
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 CANNO BE IN ATTENDANCE WHEN REQUIRED
9/10/04
Signature of Applicant Date
Action Taken by Board of Education on: DateApprovedNot Approved
Superintendent or Designee Date
Comments:
Revised: 8/1/11

	anization/Sponsoring Organiz	· \ / /		<u>Circle One: (()</u> of Organization (A	ccording to Policy)	N	
<u>-75-</u> Responsible	PTA KAren Party	Street Address	s Town	Zip	08- <u>Phone#</u>	8135	
Alternate Res	ponsible Party	Street Address	s Town	Zip	Phone#		
REQUESTS	FOR USE MUST BE RECEIV	'ED BY:	FACILITY REQ	UESTED:			
July 1	For School Year Activity	Sept-June	New APB/Old A	PR_/_ Baseba	ll 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					3
May 1	Summer Use	July-Aug	Other	1. anone	ide Add+	11 dotes	'/
PURPOSE:	Blue Mounte	in 14	<u>coming</u>	to provi	The HART	" u chus	,
ACTIVITIES			Descale				
EQUIPMEN	(in house/supplied):		projector				
FACILITIES	MODIFICATION (decoration	ns, more furnitur	e): <u>tæbles</u>	set U	\mathcal{D} (8- \mathcal{D}	;	
A.						10/8	
Date(s) Requested Day(s) of Week	Hours	# Participants	# Others		
$\mathcal{Y}^{\mathcal{S}}$	Ja W	ed.	至 / hr	30		,	
x	/ 8/-/-/-		7:30-8:3	~			
<u></u>	· · · · · · · · · · · · · · · · · · ·		ļ <u> </u>			,	
 Applicant 	has received and read Board	of Education Poli	cy pertaining to Use	of School Facilities	s and agrees to abid	e by rules and	
regulation		· Deerd policion?		Ves	No		
	activity require waiving of any	y buaru policies		Yes	No		. •
	ames of chance being held?	Log	al Dermit #			-)	
	te Reg. #			Yes	No Prt	?le	
	ATE OF INSURANCE ATTA					-	
	e-named organization complie				t to see the first of the second s	values of the furn	ation
The Boar	cant understands the Board I's insurance does not apply t	to groups and the	ar members using u	le school lacinties.	inpriment or vehicles		JUUTI.
	d of each activity the custodia						
· THIS AC BE IN AT	TIVITY MAY BE CANCELLE	d due to sch Red.	OOL NOT BEING I	n session, or II	F A BLACK SEAL (CUSTODIAN CAN	INOT
				9// 8/0 Date	<u>KUI\$</u>		
Signature of Action Take	n by Board of Education on:	Date	Appro	ovedNot A	pproved		
	tent or Designee		Date				

FRANKLIN TOWNSHIP BOARD OF EDUCATION P.O. Box 368, Rt. 579 Quakertown, New Jersey 08868							
FACILITY USE APPLICATION							
		, ž.	1				
<u>Lonmaculate Ca</u> Name of Organization/Sponsor		Bas/Lapa Class	<u>e Circle One:</u> of Organization (Ac	cording to Policy	8-797-1862		
Laura OStran Responsible Party	US/Ci <u>3/4 0</u> Street Addres	is Town	in Ted, And Zip	Vanolal P. Phone#			
Kevin macarn				408-60	25-4721		
Alternate Responsible Party	Street Addres	-	Zip	Phone#			
REQUESTS FOR USE MUST I		FACILITY REC		₩1.1.1			
July 1 For School Y	· · ·		APR Baseball				
July 1 Fall Sports Se		Classroom(s) #					
Nov. 1 Winter Sports		Gymnasium	Softball F				
Feb. 1 Spring Sports		O 46					
May 1 Summer Use	÷ (, , , , , , , , , , , , , , , , , ,	Other					
				<u> </u>			
	- notice costil to	and the	hother lines	iten lates t	el hastate		
ACTIVITIES: EQUIPMENT (in house/supplied): Live will Supply Rasketballs; wouldneed bastuts FACILITIES MODIFICATION (decorations, more furniture):							
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others			
NOUCMBER 2014-		6:30-	3 SESSIMS				
march 2015	thurs Friday	9:30	w/ 15 each.	ersian			
	* thursday 1st	chaire					
 Applicant has received and re regulations. 	ead Board of Education Poli	icy pertaining to Use	of School Facilities a		by rules and		
· Does this activity require wai	ving of any Board policies?	•	Yes	No_L			
Are any games of chance bei	ng held?		Yes	No			
If yes, State Reg. #	Loc	al Permit #					
· CERTIFICATE OF INSURAM	NCE ATTACHED (OR COP	Y)	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 	e custodian is to be notified	of any appropriate r	epairs.				
• THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOOL NOT BEING IN SESSION, OR IF A BLACK SEAL CUSTODIAN CANNOT BE IN ATTENDANCE WHEN REQUIRED.							
Luna 05	transhi		9/18/14	4			
Signature of Applicant			Date				
Action Taken by Board of Educ	ation on: Date	Appro	vedNot Appr	beve			
Superintendent or Designee		Date					
Comments:			······		······		
Revised: 8/1/11							

FTS PTA /	Please Circle One: II II IV V
Name of Organization/Sponsoring Organization	Class of Organization (According to Policy)
Kaven Objectinski 91 SKy Mana Responsible Party Street Address	NT Rd. Pittstown, NJU8867 (908)996-7919 Town Zip Phone#
Allison Witkawski 243 Cherryvi	
Aiternate Responsible Party Street Address	Town Zip Phone#
REQUESTS FOR USE MUST BE RECEIVED BY:	FACILITY REQUESTED:
July 1 For School Year Activity Sept-June	All Purpose RoomSoccer Field
July 1 Fall Sports Season Sept-Dec	Classroom(s) #Softball Field
Nov. 1 Winter Sports Season Jan-Mar	GymnasiumOther_Any_room
Feb. 1 Spring Sports Season Apr-June	Library with a lock
May 1 Summer Use July-Aug	Baseball Field
PURPOSE: Holiday Workshop	· · · · · · · · · · · · · · · · · · ·
ACTIVITIES: Children purchase ho	slider gifts,
EQUIPMENT (in house/supplied): tables a	nd a couple of chains.
FACILITIES MODIFICATION (decorations, more f	urniture):
· ·	
Date(s) Requested Day(s) of Week	Hours # Participants * # Others
Dec. 2, 2014 Tuesday S/4	4-7 3
Dec. 3 4 = 5 Wed, Thurs Fri	9-2 10
 Applicant has received and read Board of Education Policy regulations. 	pertaining to Use of School Facilities and agrees to abide by rules and Yes $\underline{Xes}No$
• Does this activity require waiving of any Board policies?	YesNo_X
Are any games of chance being held?	YesNo_X_
If yes, State Reg. #	_ Local Permit #
· CERTIFICATE OF INSURANCE ATTACHED (OR COPY) C	nFile Yes_No_X_
Franklin Township Board of Education must be named in the	e users insurance policy as an additional insured.
The above-named organization complies with Federal and S	State anti-discriminatory laws.
 The applicant understands the Board assumes no respon function. The Board's insurance does not apply to groups a 	nsibility for damage to persons, equipment or vehicles related to the 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 S CUSTODIAN, CANNOT BE IN ATTENDANCE WHE	CHOOL NOT BEING IN SESSION, OR IF A BLACK SEAL N, REQUIRED.
Katen Ubelynski 9/24 Signature of Applicant	Date
Action Taken by Board of Education on: Date	, ApprovedNot Approved
Superintendent or Designee	Date
Comments:	
Revised: 3/9/06	