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

FAC	ILITY USE APPLICATION					
Girl Scwt Troop90745Name of Organization/Sponsoring OrganizationMaybeth ForbesResponsible PartyStreet AddressMishne ThompsonAlternate Responsible PartyStreet Address	s Town Zip Phone# 732-9458					
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         PURPOSE:       MON HALA       GIV SCO         ACTIVITIES:       -       Meethings -         EQUIPMENT (in house/supplied):       -       Orf r	other ART ROOM out meetings oom tables (stools					
FACILITIES MODIFICATION (decorations, more furnitu	re):					
Date(s) Requested Day(s) of Week	Hours # Participants # Others					
94,10/2,11/13, Thurs.	615-745 20					
<ul> <li>12/4, 1/8, 2/5</li> <li>3/5, 4/2, 5/7, 6/4</li> <li>Applicant/has received and read Board of Education Pol regulations.</li> <li>Does this activity require waiving of any Board policies</li> <li>Are any games of chance being held?</li> </ul>	icy pertaining to Use of School Facilities and agrees to abide by rules and Yes No YesNo YesNo					
	cal Permit #					
CERTIFICATE OF INSURANCE ATTACHED (OR COF	Yes XNo on file					
<ul> <li>Franklin Township Board of Education must be named in the users insurance policy as an additional insured.</li> </ul>						
The above-named organization complies with Federal a	nd State anti-discriminatory laws.					
	ponsibility for damage to persons, equipment or vehicles related to the function.					
<ul> <li>At the end of each activity the custodian is to be notified</li> </ul>	f of any appropriate repairs.					
• THIS ACTIVITY MAY BE CANCELLED DUE TO SCH BE IN ATTENDANCE WHEN REQUIRED.	HOOL NOT BEING IN SESSION, OR IF A BLACK SEAL CUSTODIAN CANNOT 81714 Date					
Signature of Applicant Action Taken by Board of Education on: Date	ApprovedNot Approved					
Date Dational Date						
Superintendent or Designee						
Comments:						
Revised: 8/1/11						

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

## FACILITY USE APPLICATION

GS Troop 80405		Please	Please Circle One: I (II) III		
Name of Organization/Sponsorir	ame of Organization/Sponsoring Organization		Class of Organization (According to Policy)		
Jennik- May	On to	k with sci	hoo/	Phone#	
Responsible Party	Street Addre		Zip	Pnone#	
Gina Edwards	Onfr Street Addre		Zip	Phone#	
Alternate Responsible Party	Stieet Addre		,		
REQUESTS FOR USE MUST B	E RECEIVED BY:	FACILITY REQ			
July 1 For School Yes	ar Activity Sept-June		PR Baseball		
July 1 Fall Sports Sea	ason Sept-Dec	Classroom(s) #	Soccer Fi	eld	
Nov. 1 Winter Sports	Season Jan-Mar	Gymnasium	Softball F	ield	
Feb. 1 Spring Sports	Season Apr-June	<b>A</b> .			
May 1 Summer Use	July-Aug	Other Art			
PURPOSE: 65 mach	<u>n</u>				
ACTIVITIES: 65 mich	_ U			<u> </u>	
EQUIPMENT (in house/supplie	J				
FACILITIES MODIFICATION (d		uro).			
FACILITIES MODIFICATION (a	ecorations, more furnic	ute,			
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
and Tuesday of the month	Tursologi	6:30-7:30	12		
		-	•		
<ul> <li>4, 5/12, + 6/9</li> <li>Applicant has received and re regulations.</li> </ul>		olicy pertaining to Use	of School Facilities a	and agrees to abide by rules	
<ul> <li>Applicant has received and re</li> </ul>	ad Board of Education Po		Yes_V_	and agrees to abide by rules	
<ul> <li>Applicant has received and re regulations.</li> <li>Does this activity require waix</li> <li>Are any games of chance beir</li> </ul>	ad Board of Education Po ving of any Board policies	s?	Yes Yes Yes	NO	
<ul><li>regulations.</li><li>Does this activity require waiv</li><li>Are any games of chance beir</li></ul>	ad Board of Education Po ving of any Board policies	s?	Yes Yes Yes	No No	
<ul> <li>Applicant has received and re regulations.</li> <li>Does this activity require waiv</li> <li>Are any games of chance beir lf yes, State Reg. #</li> </ul>	ad Board of Education Po ving of any Board policies ng held?	s? ocal Permit #	Yes Yes Yes	No	
<ul> <li>Applicant has received and re regulations.</li> <li>Does this activity require waiv</li> <li>Are any games of chance bein <b>If yes, State Reg. #</b></li></ul>	ad Board of Education Po ving of any Board policies ng held? La ICE ATTACHED (OR CO	s? o <b>cal Permit</b> # PY)	Yes Yes Yes Yes	No No NoOnfile	
<ul> <li>Applicant has received and reregulations.</li> <li>Does this activity require waive</li> <li>Are any games of chance bein <b>If yes, State Reg. #</b></li></ul>	ad Board of Education Po ving of any Board policies ng held? LCE ATTACHED (OR CO iducation must be named	s? o <b>cal Permit</b> # PY) in the users insuranc	Yes Yes Yes Yes e policy as an additio	No No NoOnfile	
<ul> <li>Applicant has received and reregulations.</li> <li>Does this activity require waive</li> <li>Are any games of chance bein <b>If yes, State Reg. #</b></li></ul>	ad Board of Education Policies wing of any Board policies ing held? LCE ATTACHED (OR CO iducation must be named on complies with Federal	s? <b>ocal Permit #</b> PY) in the users insuranc and State anti-discrim	Yes Yes Yes Yes e policy as an additio inatory laws.	No No NoOn File nal insured.	
<ul> <li>Applicant has received and reregulations.</li> <li>Does this activity require waive</li> <li>Are any games of chance bein if yes, State Reg. #</li></ul>	ad Board of Education Policies wing of any Board policies ing held? Le ACE ATTACHED (OR CO iducation must be named on complies with Federal he Board assumes no re	s? <b>Decal Permit #</b> PY) in the users insuranc and State anti-discrim sponsibility for damage	Yes Yes Yes e policy as an additio inatory laws. ge to persons, equip	No No NoOn File nal insured.	
<ul> <li>Applicant has received and reregulations.</li> <li>Does this activity require waive</li> <li>Are any games of chance being if yes, State Reg. #</li></ul>	ad Board of Education Policies wing of any Board policies ing held? ICE ATTACHED (OR CO iducation must be named on complies with Federal ne Board assumes no re not apply to groups and th	s? <b>Decal Permit #</b> PY) in the users insuranc and State anti-discrim sponsibility for damagneir members using th	Yes Yes Yes Yes e policy as an additio inatory laws. ge to persons, equip e school facilities.	No No NoOn File nal insured.	
<ul> <li>Applicant has received and reregulations.</li> <li>Does this activity require waive</li> <li>Are any games of chance bein <b>If yes, State Reg. #</b></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 not show the end of each activity the state of the state of</li></ul>	ad Board of Education Po ving of any Board policies ing held? La ACE ATTACHED (OR CO iducation must be named on complies with Federal ne Board assumes no re not apply to groups and the custodian is to be notifie	s? <b>Decal Permit #</b> PY) in the users insuranc and State anti-discrim sponsibility for damag beir members using the d of any appropriate r	Yes Yes_ Yes	No No NoOn んん nal insured. ment or vehicles related to	
<ul> <li>Applicant has received and reregulations.</li> <li>Does this activity require waive</li> <li>Are any games of chance being if yes, State Reg. #</li></ul>	ad Board of Education Policies wing of any Board policies ing held? La ICE ATTACHED (OR CO iducation must be named on complies with Federal ne Board assumes no re not apply to groups and th e custodian is to be notifies NCELLED DUE TO SCI	s? <b>Decal Permit #</b> PY) in the users insuranc and State anti-discrim sponsibility for damag beir members using the d of any appropriate r	Yes Yes Yes e policy as an additio inatory laws. ge to persons, equip e school facilities. epairs. N SESSION, OR IF A	No No No No nal insured. ment or vehicles related to A BLACK SEAL CUSTODI.	
<ul> <li>Applicant has received and reregulations.</li> <li>Does this activity require waive</li> <li>Are any games of chance being if yes, State Reg. #</li></ul>	ad Board of Education Policies wing of any Board policies ing held? La ICE ATTACHED (OR CO iducation must be named on complies with Federal ne Board assumes no re not apply to groups and th e custodian is to be notifies NCELLED DUE TO SCI	s? <b>Decal Permit #</b> PY) in the users insuranc and State anti-discrim sponsibility for damag beir members using the d of any appropriate r	Yes Yes_ Yes	No No No No nal insured. ment or vehicles related to A BLACK SEAL CUSTODI.	
<ul> <li>Applicant has received and reregulations.</li> <li>Does this activity require waive</li> <li>Are any games of chance being if yes, State Reg. #</li></ul>	ad Board of Education Policies wing of any Board policies ing held? La ICE ATTACHED (OR CO iducation must be named on complies with Federal ne Board assumes no re not apply to groups and th e custodian is to be notifies NCELLED DUE TO SCI	s? <b>Decal Permit #</b> PY) in the users insuranc and State anti-discrim sponsibility for damag beir members using the d of any appropriate r	Yes Yes Yes e policy as an additio inatory laws. ge to persons, equip e school facilities. epairs. N SESSION, OR IF A	No No No No nal insured. ment or vehicles related to A BLACK SEAL CUSTODI.	
<ul> <li>Applicant has received and reregulations.</li> <li>Does this activity require waive</li> <li>Are any games of chance bein <b>If yes, State Reg. #</b></li> <li>CERTIFICATE OF INSURAND</li> <li>Franklin Township Board of E</li> <li>The above-named organization</li> <li>The applicant understands the The Board's insurance does not the end of each activity the <b>BE IN ATTENDANCE WHEN</b></li> </ul>	ad Board of Education Policies ing of any Board policies ing held? LCE ATTACHED (OR CO iducation must be named on complies with Federal ne Board assumes no re not apply to groups and the custodian is to be notifies IREQUIRED.	s? <b>Decal Permit #</b> (PY) in the users insurance and State anti-discrime sponsibility for damage beir members using the d of any appropriate record <b>HOOL NOT BEING II</b>	Yes Yes Yes e policy as an additio inatory laws. ge to persons, equip e school facilities. epairs. N SESSION, OR IF / Date	No No No No nal insured. ment or vehicles related to A BLACK SEAL CUSTODI.	
<ul> <li>Applicant has received and reregulations.</li> <li>Does this activity require waive</li> <li>Are any games of chance bein <b>If yes, State Reg. #</b></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 not the end of each activity the state of the activity the state of the activity the signature of Applicant</li> </ul>	ad Board of Education Policies ing of any Board policies ing held? LCE ATTACHED (OR CO iducation must be named on complies with Federal ne Board assumes no re not apply to groups and the custodian is to be notifies IREQUIRED.	s? <b>Decal Permit #</b> (PY) in the users insurance and State anti-discrime sponsibility for damage beir members using the d of any appropriate record <b>HOOL NOT BEING II</b>	Yes Yes Yes e policy as an additio inatory laws. ge to persons, equip e school facilities. epairs. N SESSION, OR IF / Date	No No No No nal insured. ment or vehicles related to A BLACK SEAL CUSTODI.	

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

FRANKUN THOATRE WOTEKS	Please Circle One: 1	(1) III 908-310.004/					
Name of Organization/Sponsoring Organization		ccording to Policy)					
MAEVE, PAMBIAWCHI 7COACH Responsible Party Street Address		MMandale n-/0880/					
Michaels Tackov Street Address	Town Zip	Phone# / V					
Alternate Responsible Party Street Address	Town Zip	Phone#					
REQUESTS FOR USE MUST BE RECEIVED BY: FA							
July 1 For School Year Activity Sept-June , Ne	w APR/Old APR Basebal	l Field					
July 1 Fall Sports Season Sept-Dec Cl	assroom(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 Ot	her	1.00					
PURPOSE: <u>Ants</u>	Clabses - Work	shops repear and					
ACTIVITIES: <u>actug</u> ) engu	<u>iz alaneary</u>	<u>- paut</u> ny					
EQUIPMENT (in house/supplied):							
FACILITIES MODIFICATION (decorations, more furniture):	- MB -						
		1					
Date(s) Requested Day(s) of Week Ho	urs # Participants	# Others					
Sept. June. Thursdays 3:	30-9:00 20-40	· · · · · · · · · · · · · · · · · · ·					
Sept-June thesdays 5	-9.00 20-40						
<ul> <li>Applicant has received and read Board of Education Policy pertaregulations.</li> </ul>		And agrees to abide by rules and ⊥. No∕					
Does this activity require waiving of any Board policies?	Yes	No_\/					
<ul> <li>Are any games of chance being held?</li> </ul>	Yes	No					
If yes, State Reg. # Local Pern	nit #						
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 responsibilit The Board's insurance does not apply to groups and their memb	y for damage to persons, equípr ers using the school facilities.	nent or vehicles related to the function.					
· At the end of each activity the custodian is to be notified of any a	ppropriate repairs.						
• THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOOL NO BE IN ATTENDANCE WHEN BEQUIRED.	T BEING IN SESSION, OR IF A	BLACK SEAL CUSTODIAN CANNOT					
<u> </u>	9-2-14	l					
Signature of Applicant	Date						
Action Taken by Board of Education on: Date	ApprovedNot Appro	oved					
Superintendent or Designee Dat	9						
Comments:							
Revised: 8/1/11							