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

XI.D.1. 9/28/15

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FACIL	ITY	USE	APPL	ICAT	<u>10N</u>

FTS- 24halade Moms.	Please Circ		<u>11) </u>	
ame of Organization/Sponsoring Organization		ganization (Acc	ording to Policvi	
Jaria Valornitzki / Ana Droap		<u> </u>		
lesponsible Party / Street Addre	ess Town	Zip	Phone#	
Iternate Responsible Party Street Addre	Town	Zip	Phone#	
EQUESTS FOR USE MUST BE RECEIVED BY:	FACILITY REQUES	TED:	(
uly 1 For School Year Activity Sept-June	New APR/Old APR_	Baseball F	ield 🤇	1000y
uly 1 Fall Sports Season Sept-Dec	Classroom(s) #	Soccer Fie	ld	
lov. 1 Winter Sports Season Jan-Mar	Gymnasium	Softball Fie	eid	
eb. 1 Spring Sports Season Apr-June				
Nay 1 Summer Use July-Aug PURPOSE: distibute Pics a Calle	Other	$\overline{\mathbf{a}}$		
	·	1.	· · · · · · · · · · · · · · · · · · ·	
QUIPMENT (in house/supplied): 2 Foldin	s tables,	4-6 fo	lding chair:	5 please
	0	£.	\sim	ł
ACILITIES MODIFICATION (decorations, more furnit	ure):			
Date(s) Requested Day(s) of Week	Hours #	Participants	# Others	
		· - ····		
November 14.2015 Mondary	3-6:30pm 4.	-le palents		-
Harember 17,295 Tuesday	3-6:30pm 4-	-le pacents.		
Applicant has received and read Board of Education Por	l blicy pertaining to Use of S	ichool Facilities ar YesN	d agrees to abide by r o	ules and
Does this activity require waiving of any Board policies	s?	YesN	io	
Are any games of chance being held?		YesN	0	
If yes, State Reg. # Lo	ocal Permit #			
CERTIFICATE OF INSURANCE ATTACHED (OR CO		YesN	0	
Franklin Township Board of Education must be named	in the users insurance pol	icy as an addition	al insured.	·
The above-named organization complies with Federal	and State anti-discriminato	ery laws.		
The applicant understands the Board assumes no re The Board's insurance does not apply to groups and the	sponsibility for damage to heir members using the sch	persons, equipm nool facilities.	ent or vehicles related	I to the function
At the end of each activity the custodian is to be notifie				
THIS ACTIVITY MAY BE CANCELLED DUE TO SCI	ir.		BLACK SEAL CUSTO	DIAN CANN
BE IN ATTENDANCE WHEN REQUIRED.		ala		
Marin Unraruthi			2112.	
Signature of Applican				*
Action Taken by Board of Education on: Date	Approved	Not Appro	ved	
Superintendent or Designee	Date			
Superintendent or Designee Comments:				<u>-</u>

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FACILITY USE APPLICATION

FTS PTA /	Please Circle One: 1 II III Class of Organization (According to Policy)				
Name of Organization/Sponsoring Organization	Class	of Organizatio	on (Accordin	g to Policy)	
Karen Obiedzinski Responsible Party Allison Witkowski	Town	Zi	p	Phone#	
Alternate Responsible Party Street Address	, Томи	J Zi	P	Phone#	
REQUESTS FOR USE MUST BE RECEIVED BY:	FACILITY REQ	UESTED:			
July 1 For School Year Activity Sept-June	New APR Old A	PR B	aseball Field	<u></u>	
July 1 Fall Sports Season Sept-Dec	Classroom(s) #	the se	occer Field		
Nov. 1 Winter Sports Season Jan-Mar	Gymnasium	S	oftball Field		
Feb. 1 Spring Sports Season Apr-June					
May 1 Summer Use July-Aug	Other				
PURPOSE: Holida, Workshop					
ACTIVITIES: Children purchase ho	liday gif	+5.			
EQUIPMENT (in house/supplied): Tables and		of ch	airs.		
	ب ۱۳				e mais logicar
FACILITIES MODIFICATION (decorations, more furniture) + If possible would like to s/u Date(s) Bequested Day(s) of Week	during s	school ho	urs, he	Wever i Usad	from Is being
Date(s) Requested Day(s) of Week	Hours	# Participa	nts	# Others	INCH 4:00 7:00
	W_See			·····	
Dec. 1 2015 Tuesday Slu	+ above	3			
Dec 2344 Wed-Fri	9-2	10			
	northining to Ling	of School Fa	cilities and an	rees to abide	e by rules and
 Applicant has received and read Board of Education Policy regulations. 	penaning to use	Y	es <u>×_</u> No		
Does this activity require waiving of any Board policies?		Ý	esNo_>	<u>(</u>	
Are any games of chance being held?		Ŷ	esNo	<u>K</u>	
	Permit #				
· CERTIFICATE OF INSURANCE ATTACHED (OR COPY)	on File	Ŷ	es_No_λ	ζ	
Franklin Township Board of Education must be named in the		e policy as an	additional ins	ured.	
The above-named organization complies with Federal and					
			equipment c	r vehicles r	elated to the function.
 The applicant understands the Board assumes no response The Board's insurance does not apply to groups and their response 	nembers using the	e school facili	ties.		
 At the end of each activity the custodian is to be notified of 					
• THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOO	L NOT BEING IN	I SESSION, (DR IF A BLA	CK SEAL C	USTODIAN CANNOT
BE IN ATTENDANCE WHEN REQUIRED.		ali	1/10		
Karen Oberhunski		<u> </u>	1 <u> 1.)</u> ate	<u> </u>	
Signature of Applicant		/			
Action Taken by Board of Education on: Date	Appro	vedN	ot Approved		
Superintendent or Designee	Date				
· ·					
Comments:					
Revised: 8/1/11					

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FACILITY USE APPLICATION

FACILITY USE APPLICATION				
Image: Marcine of Organization/Sponsoring Organization Please Circle One: I II (III) Name of Organization/Sponsoring Organization Class of Organization Class of Organization According to Policy)				
Union WP Kecreation Responsible Party Street Address Town Z Phone#				
Ellen Anderson				
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				
PURPOSE: Endof Jeason Celebration				
ACTIVITIES:				
EQUIPMENT (in house/supplied): tables to PASYSterm				
FACILITIES MODIFICATION (decorations, more furniture):				
Date(s) Requested Day(s) of Week Hours # Participants # Others				
Nov. 94=10 Mondat 530 800 120				
iver, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations.				
	YesNo			
If yes, State Reg. # Local Permit #				
CERTIFICATE OF INSURANCE ATTACHED (OR COPY) Yes_No_ + o follow				
• 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 func The Board's insurance does not apply to groups and their members using the school facilities. 	tion.			
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 CAN BE IN ATTENDANCE WHEN REQUIRED.	ΝΟТ			
Elle 10/13/15				
Signature of Applicant Date				
Action Taken by Board of Education on: Date ApprovedNot Approved				
Superintendent or Designee Date				
Comments:				
Revised: 8/1/11				