XI.D.1.

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

FACILITY USE APPLICATION

FTS PTA	Please Circle One: 11 II
Name of Organization/Sponsoring Organization	Class of Organization (According to Policy)
Kim Muller Responsible Party Street Address	Town Zip Phone#
Fernanda Do Cabo 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 Outside of Main 8 Torbles to be set up outside of Main
Feb. 1 Spring Sports Season Apr-June	on avois It bad weather set
May 1 Summer Use July-Aug	
PURPOSE: Mothers Day Plant S	Sale up inside traces Quakertown Road.
ACTIVITIES: All homeroams will be 3	cheduled to visit sale + purchase plants as desired.
EQUIPMENT (in house/supplied):	
FACILITIES MODIFICATION (decorations, more furniture)	: 8 Tables (6 Ft) to be brought outside.
Date(s) Requested Day(s) of Week	Hours # Participants # Others
	B:30AM-3pm ~ 6 parents all students teachers
regulations. Does this activity require waiving of any Board policies? Are any games of chance being held? If yes, State Reg. #Local CERTIFICATE OF INSURANCE ATTACHED (OR COPY) Franklin Township Board of Education must be named in th The above-named organization complies with Federal and	the users insurance policy as an additional insured. I State anti-discriminatory laws.
The Board's insurance does not apply to groups and their r	
 At the end of each activity the custodian is to be notified of 	
BE IN ATTENDANCE WHEN REQUIRED.	OL NOT BEING IN SESSION, OR IF A BLACK SEAL CUSTODIAN CANNOT
Kim FMuller 1/26/1 Signature of Applicant	Date
Action Taken by Board of Education on: Date	ApprovedNot Approved
Superintendent or Designee	Date
Comments:	
Revised: 8/1/11	
HUNDRE, CENTE	

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

FACILITY USE APPLICATION

Rural Awareness, Inc		Pleas	se Circle One:		
Name of Organization/Sponsor	ring Organization	Class	s of Organization (/	According to Policy)	
Lora Jones					
Responsible Party	Street Addre	ss Towr	ı Zip	Phone#	
Brooks Durbin					
Alternate Responsible Party	Street Addre	ss Towr	n Zip	Phone#	
REQUESTS FOR USE MUST	BE RECEIVED BY:	FACILITY RE	QUESTED:		
July 1 For School Y	ear Activity Sept-June	New APR/Old	APR Baseba	li Field	
July 1 Fall Sports Se	eason 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 One r	oom 1837 school	house on school g	rounds
PURPOSE: Open house for	or community to view i	nterior of old sch	oolhouse; access	s to main school bu	uilding is not required
ACTIVITIES: Providing acc	cess to old schoolhous	e and describing	structure, histor	v. and interior	
EQUIPMENT (in house/suppli					
		Naza			
FACILITIES MODIFICATION (decorations, more furnitu	ire):None			
		1 Hours	# Davisionauto		
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
May 21, 2016	Saturday 1	0:00am - 2:00pn	1 4-6 docents	Cannot estimate	e # of visitors
May 30, 2016 Mo	nday (Memorial Day)	9:30am - 12:00n	m 2-1 docente	Cannot estimate	the of visitors
···· · · ·		•	•		
 Applicant has received and re regulations. 	ad Board of Education Pol	licy pertaining to Us	e of School Facilities Yes_X	and agrees to abide b _No	y rules and
· Does this activity require wait	ving of any Board policies	?	Yes	_Nox	
Are any games of chance beilt	ng held?		Yes	<u>No_x</u>	
If yes, State Reg. #	Loc	cai Permit #	······································	~	
· CERTIFICATE OF INSURAN	ICE ATTACHED (OR COP	Y)	Yes <u>x</u>	_No	
Franklin Township Board of E	ducation must be named in	n the users insuranc	e policy as an additio	onal insured.	
 The above-named organization 					
Ū.	•		•		
 The applicant understands the The Board's insurance does r 				ment or vehicles rela	ted to the function.
At the end of each activity the	custodian is to be notified	of any appropriate r	epairs.		
THIS ACTIVITY MAY BE CA		OOL NOT BEING II	N SESSION, OR IF	A BLACK SEAL CUS	TODIAN CANNOT
BE IN ATTENDANCE WHEN			18/1	(
Signature of Applicant	X		Date	×	
Action Taken by Board of Educa	ation on: Date	Appro	vedNot App	roved	
•					
Superintendent or Designee		Date			
Revised: 8/1/11					

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	FACIL	ITY USE APPLICATIO	<u>DN</u>		
I DA.	<u> </u>	Please Circ		···	
Ame of Organization/Sponsorin	g Organization	Class of Or	ganization (Accord	ting to Policy)	
Cinca Edwards		IX.	,		ø. - -
Responsible Party	Street Address	town	Zipʻ	Phone#	
Atternate Responsible Party	Street Address	Town	Zip	Phone#	
REQUESTS FOR USE MUST BE	E RECEIVED BY:	FACILITY REQUES	STED:		6
July 1 For School Year Activity	and the second se	New APR/Old APR	Baseball Fiel	d <u>V</u>	Grassc belun
July 1 Fall Sports Season	Sept-Dec	Classroom(s) #	Soccer Field	<u></u>	
Nov. 1 Winter Sports Season	Jan-Mar	Gymnasium	Softball Field	l <u></u>	Salu
Feb. 1 Spring Sports Season	Apr-June	Other			
May 1 Summer Use	July-Aug		n Needed: Yes	No	
·····	Fair	(\$30 per hour)			
ACTIVITIES: DocuMCL EQUIPMENT (in house/supplié FACILITIES MODIFICATION (d	V	a.ls table	S. CIAir S. CIAir Duly	s, exten	-1 510h (21) -
EQUIPMENT (in house/supplié	a): garbage pe	Hours #	Participants	+ +002 5	- - - -
EQUIPMENT (in house/supplié FACILITIES MODIFICATION (de Date(s) Requested	ecorations, more furniture	Hours	S. chair Duly		- - - -
EQUIPMENT (in house/supplied FACILITIES MODIFICATION (de Date(s) Requested	ecorations, more furniture Day(s) of Week	Hours #	Participants		- - - - -
EQUIPMENT (in house/supplied FACILITIES MODIFICATION (de Date(s) Requested	Day(s) of Week Frickay Monday Rayalo	A. 15, table Hours # Kivetm-3002 F	Participants Es Students	# Others	- - -
EQUIPMENT (in house/supplied FACILITIES MODIFICATION (de Date(s) Requested June 10 2016 June 13,2016 · Applicant has received and re	Day(s) of Week Frickay Monday Rayalo	A. 15, table Hours # Kivetm-3002 F	Participants Es Students	# Others	- - -
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