XI.D.1.

FRANKLIN TOWNSHIP BOARD OF EDUCATION
P.O. Box 368, Rt. 579
Qualcatowa New Jarsov 08868

MA r	FAC	LITY USE APPLIC	<u>ATION</u>	-	
PIAT /	Magazie	D <u>(UPieas</u>	e Circle One: () of Organization \4	II III According to Policy)	
Name of Organization/Sponsor	TTXTA	. 01033	or organization th		
Responsible Party	Street Addres	s Town	Zip	Phone#	
Alternate Responsible Party	Street Addres	s Town	. Zip	Phone#	
REQUESTS FOR USE MUST E	E RECEIVED BY:	FACILITY REC	QUESTED:		
July 1 For School Ye	ear Activity Sept-June	New APR/Old	APR 🔀 Baseba	all Field	
July 1 Fall Sports Se	ason Sept-Dec	Classroom(s) #	f Soccer	Field	
Nov. 1 Winter Sports	Season Jan-Mar	Gymnasium	Softbal	Field	
Feb. 1 Spring Sports	Season Apr-June				
May 1 Summer Use	July-Aug	Other			
PURPOSE: Maales	chool dulle				
ACTIVITIES:	or II ion h	1 \) _			
EQUIPMENT (in house/suppli	ed): DJ JUGH		- last	How In	y, ad
FACILITIES MODIFICATION (lecorations, more furnitu	re): (4) 12(51	engular th	(a)rc	
tubles (20) chai	<u>148</u>			1	Start : 7PM
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	STATI · IPM
NHORINO	(4-10	60-80		ever appy
UTIONIA					-end \$10°рн Set ир - 5-7рн
		<u> </u>			V
 Applicant has received and re regulations. 	ad Board of Education Pol	icy pertaining to Us	e of School Facilitie Yes	s and agrees to abid	e by rules and
 Does this activity require wai 	ving of any Board policies?	2	Yes	_No <u>×</u>	
 Are any games of chance bei 	ng held?		Yes	_ <u>No <</u>	
If yes, State Reg. #	Loc	al Permit #		_	
CERTIFICATE OF INSURAM			Yes	No	
Franklin Township Board of E	Education must be named in	the users insurance	e policy as an addit	tional insured.	
 The above-named organization 	on complies with Federal a	nd State anti-discrin	ninatory laws.	; 4	
The applicant understands the Board's insurance does	he Board assumes no resp not apply to groups and the	oonsibility for dama ir members using th	ge to persons, equ ne school facilities.	ipment or vehicles r	elated to the function.
At the end of each activity the					
• THIS ACTIVITY MAY BE CA	ANCELLED DUE TO SCH	DOL NOT BEING I	N SESSION, OR IF	A BLACK SEAL C	USTODIAN CANNOT
BEEN ATTENDANCE WHEN	I REQUIRED.		NBIDT	110	
Signature of Applicant	>		Date		
Action Taken by Board of Educ	ation on: Date	Appr	ovedNot Ap	proved	
Superintendent or Designee		Date			
Comments:					

Revised:	8/1/11	
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FRANKLIN TOWNSHIP BOARD OF EDUCATION P.O. Box 368, RI, 579 Quakertown, New Jersey 08868

	FAC	CILITY USE APPLI	CATION		
Name of Organization/Sponsorin	<u>6 formulation</u> g Organization		e Circle One: I of Organization (Ac	II (III)	
Responsible Party /	Street Addres	is Town	Zip	Phone#	-
Alternate Responsible Party	Street Addres	s Town	Zip	Phone#	
REQUESTS FOR USE MUST BE	RECEIVED BY:	FACILITY RE	QUESTED;		
July 1 For School Year Activity	Sept-June	New APR/Old	APR Baseball	Field	
July 1 Fall Sports Season	Sept-Dec	Classroom(s)	# Soccer F	ield	
Nov. 1 Winter Sports Season	Jan-Mar	Gymnasium	Softball F	ield	
Feb. 1 Spring Sports Season	Apr-June	Other_ <u>Pav</u>	LKINGLOF	*	
May 1 Summer Use	July-Aug	Weekend Cus (\$30 per hour)	todian Needed: Yes_	No	
PURPOSE: Resturton	o-BITERM	XIPF CUC		,	
ACTIVITIES: CUCIDES U				water Shad	Koreak
EQUIPMENT (In house/supplied					
	v			<u> </u>	1-2 porto
FACILITIES MODIFICATION (de	corations, more furnitur	(8):			toilet
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	0 0()
-1011.		1/100	2		
_5/0/16	heiday	pm	<u> </u>	······	
5/21/16	Latin day	la-lop	ã 50		
 Applicant has received and rear regulations. 	d Board of Education Poli	cy pertaining to Us		nd agrees to abide by No	rules and
 Does this activity require waiving 	ng of any Board policies?			No,	
 Are any games of chance being 			Yes	No	
If yes, State Reg. #	Loc	al Permit #	· · · · · · · · · · · · · · · · · · ·		
· CERTIFICATE OF INSURANC			Yes	No	
 Franklin Township Board of Education 	ucation must be named in	the users insurance	e policy as an addition	nal insured.	
 The above-named organization 	complies with Federal an	id State anti-discrim	ninatory laws.		
· The applicant understands the	Board assumes no resp	onsibility for dama	ge to persons, equipr	nent or vehicles relate	d to the function.
The Board's insurance does no					
 At the end of each activity the c 	ustodian is to be notified o	of any appropriate I	epairs.		
• THIS ACTIVITY MAY BE CAN BE IN ATTENDANCE WHEN P		DOL NOT BEING I	N SESSION, OR IF A	BLACK SEAL CUST	ODIAN CANNOT
Faller Du	ea 10	UNX		116	
Signature of Applicant		(Date		
Action Taken by Board of Educati	on on: Date	Appro	ovedNot Appro	oved	
Superintendent or Designee		Date			
Comments:					
Revised: Nov. 2015					
1041000. (404. 2010					

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

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FACILITY USE APPLICATION

FTS PTA		And the second sec	e Circle One:) 11 111	
Name of Organization/Spons	oring Organization	Class	of Organization (A	ccording to Policy)	-
Responsible Party	Street Addre	ss Town	Zīp	Phone#	
Alternate Responsible Party	Street Addre	ss Town	Zip	Phone#	
REQUESTS FOR USE MUST	BE RECEIVED BY:	FACILITY REC	QUESTED:		
	Year Activity Sept-June	New APR/Old	APR Basebail	Field	
July 1 Fall Sports	Season Sept-Dec	Classroom(s) #	¥ Soccer F	Field	
Nov. 1 Winter Spo	ts Season Jan-Mar	Gymnasium	Softball		
Feb. 1 Spring Spo	ts Season Apr-June	* Thea	tre Sta	ge + seati	ing
1010 000	Hural Arts:	- avianci	al asse	48.0	Formance. 2 shows)
FACILITIES MODIFICATION	(decorations, more furnitu	ure): 200 Cl	an ai	up theatr ste down	e style with the middle,
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
March 22nd	Tues.	9-11:30	350*		
 Applicant has received and regulations. Does this activity require w Are any games of chance to the second s	aiving of any Board policies		e of School Facilities Yes Yes Yes	and agrees to abide by _No _No _No	/ rules and
If yes, State Reg. #	Lo	cal Permit #		-	
· CERTIFICATE OF INSUR			Yes	No On file	e at the
- Franklin Township Board o				onal insured. Sch	001.
 The above-named organization 					
	s not apply to groups and the	er members using u	le school lacmues.	ment or vehicles relat	ed to the function,
 At the end of each activity 					
• THIS ACTIVITY MAY BE BE IN ATTENDANCE WH	CANCELLED DUE TO SCH EN REQUIRED. Muller	OOL NOT BEING I	N SESSION, OR IF A	A BLACK SEAL CUS	TODIAN CANNOT
Signature of Applicant	1000-	<u>+</u>	Date		
Action Taken by Board of Ed	ucation on: Date	Appri	ovedNot App	roved	
Superintendent or Designee		Date			
Comments:					
Revised: 8/1/11					

		 O. Box 368, PL 57 rtown, New Jersey 			
		ITY USE APPLIC			
Frankluster Pi			Otois One: 1		
Tanklin Taup Re	ization	Close of	Constration 1	minimo to Policy)	
Ruffe en s'a Ainstration and an an an a	. .				
lasponsible Party	Street Address	Town	/ Zip	Phone#	
Uternate Responsible Party	Street Address	Town	Ζp	Phone	
REQUESTS FOR USE MUST BE RECEI	IVED BY:	FACILITY REQI	UESTED:		
Huly 1 For School Year Activit		New APR/OIG A	PR i Baseba	u Feid	
	Sept-Dec	Classroom(s) #	<u> </u>	Field	
en e		Gymnasium	Sonbai	I Field	
	Apr-June	-			
	July-Aug	other /UN	nch rug	m	-
Way 1 Summer Use PURPOSE: <u>SUMMIN</u>	progra	in ord	Amzed	activitic	Ş
under al out		MCS Cras			
ACTIVITIES: /Maodr / Out	<u>a ou ga</u>	The part of the second			~
EQUIPMENT (in house/supplied):					-
,	•				
FACILITIES MODIFICATION (decoratio	ons, more turniture	#):		••••••••••••••••••••••••••••••••••••••	
FACILITIES MODIFICATION (decoratio	ms, more fumitum	r):			-
	(s) of Week	#): HCN/S	# Panicipar4s	# 05163	- -
	(s) of Week		# PankipaMs		-
	(s) of Week	Hours	# PankipaMs		-
Date(s) Requested Day	(s) of Week	нсыгя 8:30—17:3)	#Participants	# Others	- - -
Date(s) Requested Day	(s) of Week	нсыгя 8:30—17:3)	# Participants 0 [50]	# Others	- - -
Date(s) Requested Day Date(s) Requested Day My F122 M- Applicant has received and read Boar regulations.	(s) of Week	Hours 8:30 - [7:3] by pertaining to Use	# Participants 0 [50]	# Others	- - -
Date(s) Requested Day	(s) of Week	Hours 8:30 - [7:3] by pertaining to Use	# Participants 0 [50] e of School Facilitie Yes_ Yes_	# Others	- - -
Date(s) Requested Day Date(s) Requested Day M F122 M- Applicant has received and read Boar regulations. Does this activity require waiving of a Are any names of chance being held?	(s) of Week	Hours 8:30 - [2:3) by pertaining to Use	# Participants 0 [50] e of School Facilitie Yes_ Yes_ Yes_	# Others	- - -
Date(s) Requested Day Date(s) Requested Day M F122 M- Applicant has received and read Boar regulations. Does this activity require waiving of a Are any names of chance being held?	(s) of Week	Hours 8:30 - [2:3) by pertaining to Use	# Participants 0 [50] s of School Facilitie Yes_ Yes_	# Others	- - - 0a by rules and
Date(s) Requested Day Date(s) Requested Day Applicant has received and read Boar regulations. Does this activity require waiving of a Are any games of chance being held? If yes, State Reg. /	(s) of Week (s) of Week (d of Education Polic ny Board policies? (A/CHED (OR COP)	Hours 8:30 - [7:3] by pertaining to Use ai Permit # ()	# Participants 0 [50] s of School Facilitie Yes_ Yes_ Yes_	# Others	- - -
Date(s) Requested Day Date(s) Requested Day Applicant has received and read Boar regulations. Does this activity require waiving of a Are any games of chance being held? If yes, State Reg. /	(s) of Week (s) of Week (d of Education Polic ny Board policies? (A/CHED (OR COP)	Hours 8:30 - [7:3] by pertaining to Use ai Permit # ()	# Participants 0 [50] s of School Facilitie Yes_ Yes_ Yes_	# Others	- - - 0a by rules and
Date(s) Requested Day Day Date(s) Requested Day Date(s) Requested Day Date(s) Requested Applicant has received and read Boar regulations. Does this activity require waiving of a Are any games of chance being held? If yes, State Reg. # CERTIFICATE OF INSURANCE ATT Franksin Township Board of Education	(s) of Week	Hours 8:30 - [2:3] by pertaining to Use ai Permit # f) the users insurance	# Participants 0 [50] e of School Facilitie Yes_ Yes_ Yes_ Yes_	# Others	- - - de by niles and
Date(s) Requested Day Date(s) Requested Day Date(s) Requested Day Date(s) Requested Requested Date(s) Requested Requested Date(s) R	(s) of Week 	Hours 8:30 - 12:31 cy pertaining to Use al Permit # f) the users insurance wi State anti-discrim	# Participants 0 [50] of School Facilitie Yes_ Yes_ Yes_ Yes_ Se policy as an address	# Others	on Rie
Date(s) Requested Day Date(s) Requested Day Date(s) Requested Day Date(s) Requested Day M- Applicant has received and read Boar regulations. Does this activity require waiving of a Are any games of chance being held? If yes, State Reg. # CERTIFIC ATE OF INSURANCE ATT Frankin Township Board of Education The above-named organization comp	(s) of Week 	Hours 8:30 - 12:30 cy pertaining to Uso el Permit # () the users insurance of State anti-discrimentations to state anti-discrimentations	# Participants 0 [50] of School Facilitie Yes_ Yes_ Yes_ Yes_ Se policy as an address an address an address an address an address an address and address address and address and address and address	K Others Konstant agrees to abe NoNo NoNo NoNo No No No No utkonal insured.	on Rie
Date(s) Requested Day Image: Date(s) Requested Day Image: Date(s) Requested Image: Date(s) Requested Applicant has received and read Boar regulations. Image: Date(s) Requested Does this activity require waiving of a state any games of chance being held? If yes, State Reg. # CERTIFICATE OF INSURANCE ATT Frankin Township Board of Education The above-mamed organization comp The applicant understands the Boar The Board's insurance does not apply	(s) of Week	Hours 8:30 - [2:3] by pertaining to Use al Permit # f) the users insurance of State anti-discrim- constbility for dama ir membars using th	Participants O ISO School Facilitie Yes_ Yes_ Yes_ Yes_ Se policy as an add trinatory laws. ge to persons, eques the period facilities.	K Others Konstant agrees to abe NoNo NoNo NoNo No No No No utkonal insured.	on Rie
Date(s) Requested Day Date(s) Requested Day Date(s) Requested Day Date(s) Requested Date(s) Request	(s) of Week 	Hours 8:30 - [2:3] by pertaining to Use al Permit # f) the users insurance of State anti-discrim- constbility for demain in membars using the of any appropriate	Participants O ISD Ves	# Others	- - - on by rules and ON RLC related to the tunc
Date(s) Requested Day Applicant has received and read Boar regulations. Does this activity require waiving of a Are any games of chance being held? If yes, State Reg. / CERTIFICATE OF INSURANCE ATT Frankin Township Board of Education The above-mained organization comp The applicant understands the Board The Board's insurance does not app) At the end of each activity the custod THIS ACTIVITY MAY BE CANCELL	(s) of Week 	Hours 8:30 - [2:3] by pertaining to Use al Permit # f) the users insurance of State anti-discrim- constbility for demain in membars using the of any appropriate	Participants O ISD Ves	# Others	- - - on by rules and ON RLC related to the tunc
Date(s) Requested Day Date(s) Requested Day Date(s) Requested Day Date(s) Requested Date(s) Request	(s) of Week 	Hours 8:30 - [2:3] by pertaining to Use al Permit # f) the users insurance of State anti-discrim- constbility for demain in membars using the of any appropriate	Participants O ISD Ves	# Others	- - - on by rules and ON RLC related to the tunc
Date(s) Requested Day Applicant has received and read Boar regulations. Does this activity require waiving of a Are any games of chance being held? If yes, State Reg. / CERTIFICATE OF INSURANCE ATT Frankin Township Board of Education The above-mained organization comp The applicant understands the Board The Board's insurance does not app) At the end of each activity the custod THIS ACTIVITY MAY BE CANCELL	(s) of Week 	Hours 8:30 - [2:3] by pertaining to Use al Permit # f) the users insurance of State anti-discrim- constbility for demain in membars using the of any appropriate	Participants O ISD Ves	# Others	- - - on by rules and ON RLC related to the tund
Date(s) Requested Day Applicant has received and read Boar regulations. Does this activity require waiving of a Are any games of chance being held? If yes, State Reg. CERTIFICATE OF INSURANCE ATT Frankin Township Board of Education The applicant understands the Board The Board's insurance does not apply At the end of each activity the custod This ACTIVITY MAY BE CANCELL BE IN ATTENDANCE WHEN REGU	(s) of Week	Hours 8:30 - [2:3] by pertaining to Use al Permit # f) the users insurance of State anti-discrim consolity for dama in members using the of any appropriate pol. NOT BEING 1	# Participants Ø [50] Ø [50] S of School Facilitie Yes	# Others	- - - on by rules and ON RLC related to the tund

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

FACILITY USE APPLICATION

		Town	Zip	Phone#	
Responsible Party	Street Address	TOWIT	2.1μ	1 1101101	
Alternate Responsible Party	Street Address	Town	. Zip	Phone#	
·		FACILITY REQU	ESTED:		
REQUESTS FOR USE MUST E			R. Baseball	Field	
July 1 For School Ye			Soccer F		
July 1 Fall Sports Se		Gymnasium	Softball F		
Nov. 1 Winter Sports		Gymnasum	00,154.11		
Feb. 1 Spring Sports		Other			
May 1 Summer Use					
PURPOSE: LEAGUE	CAME				
ACTIVITIES: SOFT BA	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	A			
EQUIPMENT (in house/suppli	ed):/0/	N/A			
FACILITIES MODIFICATION (decorations, more furniture):;			
•			4.52	# Others	
Date(s) Requested	Day(s) of Week	Hours	# Participants		
NAAR 22-16	SUN/MON/ THUR SUN/MON/ THUR	5:30-8-00	30		
DIAL CO F	Sur hand That	5:30 800	30		
				,	
 Applicant has received and re 	ead Board of Education Policy	y pertaining to Use of	of School Facilities	and agrees to abide b	y rules a
regulations.				No /	
Does this activity require wal			Ves	No C	
Are any games of chance being the set of the set o	ing held?	l Dermit #	Yes	No	
Are any games of chance be If yes, State Reg. #	ing held? Loca			-	estec
 Are any games of chance being the second s	ing held? Loca NCE ATTACHED (OR COPY))	Yes	No Геди	estec
 Are any games of chance being the second s	ing held? Loca NCE ATTACHED (OR COPY) Education must be named in t) he users insurance	Yes	No Геди	.es4ec
 Are any games of chance being the second s	ing held? Loca NCE ATTACHED (OR COPY) Education must be named in t on complies with Federal and) he users insurance I State anti-discrimir	Yes policy as an additic natory laws.	No regu nal insured.	
 Are any games of chance being if yes, State Reg. # CERTIFICATE OF INSURAL Franklin Township Board of B The above-named organization The applicant understands the Board's insurance does 	ING held? Loca NCE ATTACHED (OR COPY) Education must be named in t on complies with Federal and he Board assumes no respo not apply to groups and their) he users insurance I State anti-discrimir nsibility for damage members using the	Yes policy as an additic natory laws. e to persons, equip school facilities.	No regu nal insured.	
 Are any games of chance being if yes, State Reg. # CERTIFICATE OF INSURAL Franklin Township Board of B The above-named organization The applicant understands the transmission of the Board's insurance does At the end of each activity the second seco	ING held? Loca NCE ATTACHED (OR COPY) Education must be named in t on complies with Federal and he Board assumes no respond not apply to groups and their e custodian is to be notified o) he users insurance I State anti-discrimir nsibility for damage members using the f any appropriate re	Yes policy as an addition natory laws. e to persons, equip school facilities. pairs.	No regu nal insured. i ment or vehicles rela	ated to th
 Are any games of chance being if yes, State Reg. # CERTIFICATE OF INSURALI Franklin Township Board of B The above-named organization The applicant understands the Board's insurance does At the end of each activity the statement of each activity the statement of each activity the statement of each activity the statement of each activity the statement of the statement	INCE ATTACHED (OR COPY) Education must be named in t on complies with Federal and he Board assumes no respo not apply to groups and their e custodian is to be notified or ANCELLED DUE TO SCHOO) he users insurance I State anti-discrimir nsibility for damage members using the f any appropriate re	Yes policy as an addition natory laws. e to persons, equip school facilities. pairs.	No regu nal insured. i ment or vehicles rela	ated to th
 Are any games of chance being if yes, State Reg. # CERTIFICATE OF INSURAL Franklin Township Board of B The above-named organization The applicant understands the transmission of the Board's insurance does At the end of each activity the second seco	INCE ATTACHED (OR COPY) Education must be named in t on complies with Federal and he Board assumes no respo not apply to groups and their e custodian is to be notified or ANCELLED DUE TO SCHOO) he users insurance I State anti-discrimir nsibility for damage members using the f any appropriate re	Yes policy as an addition natory laws. e to persons, equip school facilities. pairs. SESSION, OR IF A	No FEGU mal insured. ; ment or vehicles rela A BLACK SEAL CUS	ated to th
 Are any games of chance being the second s	INCE ATTACHED (OR COPY) Education must be named in t on complies with Federal and he Board assumes no respo not apply to groups and their e custodian is to be notified or ANCELLED DUE TO SCHOO) he users insurance I State anti-discrimir nsibility for damage members using the f any appropriate re	Yes policy as an addition natory laws. e to persons, equip school facilities. pairs.	No FEGU mal insured. ; ment or vehicles rela A BLACK SEAL CUS	ated to th
 Are any games of chance being the second s	ing held? Loca NCE ATTACHED (OR COPY) Education must be named in t on complies with Federal and he Board assumes no respo not apply to groups and their e custodian is to be notified or ANCELLED DUE TO SCHOO N REQUIRED.) I State anti-discrimir nsibility for damage members using the f any appropriate re DL NOT BEING IN	Yes policy as an addition natory laws. to persons, equip school facilities. pairs. SESSION, OR IF A 2-24 Date	No Fegue mail insured. iment or vehicles rela A BLACK SEAL CUS	ated to th
 Are any games of chance being the second s	ing held? Loca NCE ATTACHED (OR COPY) Education must be named in t on complies with Federal and he Board assumes no respo not apply to groups and their e custodian is to be notified or ANCELLED DUE TO SCHOO N REQUIRED.) I State anti-discrimir nsibility for damage members using the f any appropriate re DL NOT BEING IN	Yes policy as an addition natory laws. to persons, equip school facilities. pairs. SESSION, OR IF A 2-24 Date	No Fegue mail insured. iment or vehicles rela A BLACK SEAL CUS	ated to th

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

	d Heard of NJ		e Circle One: of Organization		III ing to Policy)	-
Name of Organization/Sponsorin	ig Organization	Oldos	of organization	(100010	,,,g to t olloj,	
Responsible Party	Street Address	s Town	Zip	U	Phone#	
Alternate Responsible Party	Street Address	s Town	Zip		Phone#	
REQUESTS FOR USE MUST B	E RECEIVED BY:	FACILITY REC	QUESTED:		·	Alter
July 1 For School Year Activity	/ Sept-June	New APR/Old	APR <u>/</u> Bas	eball Field	I	in ann
July 1 Fall Sports Season	Sept-Dec	Classroom(s)	# all Soc	cer Field		in da
Nov. 1 Winter Sports Season	Jan-Mar	Gymnasium	Soft	ball Field		we'll go
Feb. 1 Spring Sports Season	Apr-June	Other <u>Ma</u>	2 ground	1		Rainy de
May 1 Summer Use	July-Aug	Weekend Cusi (\$30 per hour)	odian Needed: `	(es	No <u>K</u>	we would
PURPOSE: Girl Sec	the internet	meeting				dassroom plan
ACTIVITIES: CVALLE	a a longe sta	var time]			plan .
EQUIPMENT (in house/supplie	games, sto]]				
						-
FACILITIES MODIFICATION (de	ecorations, more furniture	e):				
Date(s) Requested	Day(s) of Week	Hours	# Participante	•	# Others	
20 Have 10 24-	- (3:25-4:30	10-12			
126 May 10,29	1 4 1	(after school)	10-10			
	[after small				
 Applicant has received and rearegulations. 	ad Board of Education Polic	y pertaining to Use	e of School Facili Yes	ties and a	grees to abid	e by rules and
 Does this activity require waivi 	ng of any Board policies?		Yes	No	K	
Are any games of chance bein	g held?		Yes	No	X	
If yes, State Reg. #	Loca	al Permit #				
· CERTIFICATE OF INSURANC	CE ATTACHED (OR COPY)	Yes	<u> </u>		
Franklin Township Board of Ec	lucation must be named in	the users insuranc	e policy as an ac	ditional in	sured.	
The above-named organization						
 The applicant understands the The Board's insurance does not 	Board assumes no response to apply to groups and their	onsibility for dama members using th	ge to persons, e e school facilities	quipment	or vehicles r	elated to the function
At the end of each activity the						
• THIS ACTIVITY MAY BE CAN BE IN ATTENDANCE WHEN		OL NOT BEING I	N SESSION, OR	IF A BLA	CK SEAL C	USTODIAN CANN
Red Rom			3	10/16		
Signature of Applicant			Date			
Action Taken by Board of Educat	ion on: Date	Appro	vedNot	Approved		

FRANKLIN TOWNSHIP BOARD OF EDUCATION P.O. Box 368, Rt. 579

BSA WAFHINGTON CLOSSING Quakertown, New Jersey 08868

FACILITY USE APPLICATION

cub Scoud Pad			e Circle One:		
Name of Organization/Sponsori	ng Organization	Class	of Organization	(According to Policy	() -
				Phone	#
Responsible Partv	Street Addres	s Town	Zip	T HOLE	T
Alternate Responsible Party	Street Addres	s Town	Zip	Phone	 #
REQUESTS FOR USE MUST B	E RECEIVED BY:	FACILITY REC	UESTED:		
July 1 For School Ye	ar Activity Sept-June	New APR/Old /		ball Field	
July 1 Fall Sports Se	ason Sept-Dec	Classroom(s) #	any soco	er Field	After gashe
Nov. 1 Winter Sports	Season Jan-Mar	Gymnasium	Softb	all Field	in gym at es
Feb. 1 Spring Sports	Season Apr-June	$\mathcal{D}_{l_{-}}$	- nd		day we will
May 1 Summer Use	July-Aug	Other 1 kc	1 gn ow - 1		to play grow
PURPOSE: Pack / (den meetin	0	r school	ack	- whilese pain
ACTIVITIES: game	s) crafts,	discussion	5 105 4110		- or bad wea
EQUIPMENT (in house/suppli	ed): None				plan B.
FACILITIES MODIFICATION (lecorations, more furnitu	re):			
					_
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	_
5,19	Tresday	3:25-4:30	10-15		
3,17,31	J				_
 Applicant has received and re regulations. 	ead Board of Education Pol	icy pertaining to Use	e of School Facilit Yes	ies and agrees to ab	ide by rules and
Does this activity require wai	ving of any Board policies	?	Yes	No_K	
 Are any games of chance bei 	ng held?		Yes	No K	
If yes, State Reg. #	Lo	cal Permit #			
· CERTIFICATE OF INSURA			-	<u>K_No</u>	
 Franklin Township Board of E 				ditional insured.	
 The above-named organization 					
The applicant understands the Board's insurance does a second secon	ne Board assumes no res not apply to groups and the	ponsibility for dama ir members using th	ge to persons, e le school facilities	quipment or vehicles	related to the function.
 At the end of each activity the 					
• THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN	NCELLED DUE TO SCH		N SESSION, OR	í	CUSTODIAN CANNOT
			3 10	16	
Signature of Applicant			Date	2	
	ation on: Date	Appro	ovedNot	Approved	
Action Taken by Board of Educ					
Action Taken by Board of Educ		Date			

XI.D.1.

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

Cub Scout PA		LITY USE APPLIC	CATION		
Boys Saut Wa	Shington Crossin	-> Pleas	e Circle One:		[]
Name of Organization/Sponsor	ing Organization	U Class	of Organization	(According	to Policy)
Responsible Partv	Street Addres	s Town	Zip	v	Phone#
Alternate Responsible Party	Street Addres	s Town	Zip		Phone#
REQUESTS FOR USE MUST E	E RECEIVED BY:	FACILITY REC	QUESTED:		
July 1 For School Year Activit		New APRIOId	APR Base	ball Field	
July 1 Fall Sports Season	Sept-Dec	Classroom(s) #	# Socc	er Field	
Nov. 1 Winter Sports Season	Jan-Mar	Gymnasium	Softb	all Field	
Feb. 1 Spring Sports Season	Apr-June	Other			
May 1 Summer Use	July-Aug	Weekend Cust (\$30 per hour)	odian Needed: Y	es N	o
PURPOSE: Bilve : G.	old Dinner				
ACTIVITIES:					
EQUIPMENT (in house/supplied	ed):				
FACILITIES MODIFICATION (lecorations, more furnitu	′e):			<u></u>
Date(s) Requested	Day(s) of Week	Hours	# Participants	#	Others
April 29th	Friday	4:30-8:00	50-60W	nx -	
 Applicant has received and re regulations. 	ad Board of Education Poli	cy pertaining to Use	e of School Facilit Yes	ies and agre	es to abide by rules and
Does this activity require wait	ving of any Board policies?		Yes_	NoK	-
Are any games of chance beil	ng held?		Yes_	<u>No 🔍</u>	-
If yes, State Reg. #	Loc	al Permit #			. He
· CERTIFICATE OF INSURAN	ICE ATTACHED (OR COP	()	Yes_	<u>K_</u> No	- bu Satt Ture & bor
Franklin Township Board of E	ducation must be named in	the users insuranc	e policy as an ad	ditional insur	- by sott Turele for ed. other form.
The above-named organization	on complies with Federal an	d State anti-discrim	inatory laws.		v
 The applicant understands the The Board's insurance does read to be a set of the set o	ne Board assumes no resp not apply to groups and thei	onsibility for damag r members using th	ge to persons, ec e school facilities	auipment or	vehicles related to the function.
At the end of each activity the					
BE IN ATTENDANCE WHEN	NCELLED DUE TO SCHO REQUIRED.	OOL NOT BEING I		i	(SEAL CUSTODIAN CANNOT
Reb. Clam. Signature of Applicant			3 (v Date	0110	-
-	Non and Data	A	wed Mot	\pproved	
Action Taken by Board of Educa	allon on: Date	Appro	WEUINO[A	,hhinang	
Superintendent or Designee		Date			
Comments:					

Revised: Nov. 2015