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

	II O FA	CILITY USE APPLIC	ATION	<u></u>	
Franklintowns	hip Rec	Please	e Circle One:		
Name of Organization/Sponsor			of Organization	(According to Policy)	-
MARK MARC	12		· 		
Responsible Party	Street Addre	ss Town	Zip	Phone#	·
KEVIN Suyda	Street Addres	ss Town	Zip	Phone#	-
Iternate Responsible Party				Filohe#	
EQUESTS FOR USE MUST E	· ·	FACILITY REG	• •		
uly 1 For School Ye		New APR/Old A		ball Field	
luly 1 Fall Sports Se	eason Sept-Dec	Classroom(s) #	N .	er Field	
Nov. 1 Winter Sports	Season Jan-Mar	Gymnasium	Softh	all Field	
Feb. 1 Spring Sports	Season Apr-June			•	
May 1 Summer Use	July-Aug skotbacc fi	Other	1		-
		actic and	3 game	2	-
Chines.	thank None	·			-
EQUIPMENT (in house/supplie	eu):				-
ACILITIES MODIFICATION (decorations, more furnitu	re): Newe	· <u> </u>		-
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	-
ec 2017 - MAR 2016	SAT	\$ -3	37	30	GYM
1 2015 - MARZOID	TUE THUR	7-9	20	-	GYM APR
Applicant has received and re regulations.	Mのい い こめ ead Board of Education Pol	7 - 9 icy pertaining to Use	2 D of School Facilit Yes_ Yes	ies and agrees to abic <u>^{A_}No</u>	
-	ving of any Board policies?	?	Tes_		
Does this activity require wait		?	Yes_	No	
Does this activity require wait	ng held?		Yes	No	, ,
Does this activity require wain Are any games of chance bein If yes, State Reg. #	ng held? Loc	cal Permit #	Yes		11 provid
Does this activity require wath Are any games of chance bein If yes, State Reg. # CERTIFICATE OF INSURAN	ng held? Loc NCE ATTACHED (OR COP	cal Permit #	Yes_ Yes_	No_k with	11 provid
 Does this activity require wait Are any games of chance being if yes, State Reg. # CERTIFICATE OF INSURANCE Franklin Township Board of Experience 	ng held? Loc NCE ATTACHED (OR COP Education must be named in	cal Permit # Y) n the users insurance	Yes_ Yes_ e policy as an ad	No_k with	11 pravid
Does this activity require wait Are any games of chance bein If yes, State Reg. # CERTIFICATE OF INSURAN Franklin Township Board of E The above-named organization	ng held? Loc NCE ATTACHED (OR COP Education must be named in on complies with Federal an he Board assumes no resp	cal Permit # Y) n the users insurance nd State anti-discrim ponsibility for damag	Yes_ Yes_ e policy as an ad inatory laws. je to persons, ed	Nok wid	,
 Does this activity require wait Are any games of chance being it yes, State Reg. # CERTIFICATE OF INSURANCE Franklin Township Board of E The above-named organization The applicant understands the statement of the stat	ng held? Loc NCE ATTACHED (OR COP Education must be named in on complies with Federal an he Board assumes no resp not apply to groups and the	cal Permit # Y) n the users insurance nd State anti-discrim ponsibility for damag ir members using the	Yes_ Yes_ e policy as an ad- inatory laws. ge to persons, ec e school facilities	Nok wid	,
Does this activity require wath Are any games of chance bein If yes, State Reg. # CERTIFICATE OF INSURAN Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does r At the end of each activity the THIS ACTIVITY MAY BE CA	ng held? Loc NCE ATTACHED (OR COP Education must be named in the Board assumes no resp not apply to groups and the a custodian is to be notified ANCELLED DUE TO SCHO	cal Permit # Y) n the users insurance nd State anti-discrim ponsibility for damag ir members using the of any appropriate re	Yes_ Yes_ e policy as an ad- inatory laws. ge to persons, ec e school facilities epairs.	No <u>k</u> ditional insured. quipment or vehicles	related to the func
Does this activity require wath Are any games of chance bein If yes, State Reg. # CERTIFICATE OF INSURAN Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does re At the end of each activity the	Ing held? Loc NCE ATTACHED (OR COP Education must be named in the Board assumes no resp not apply to groups and the the custodian is to be notified ANCELLED DUE TO SCHO I REQUIRED.	cal Permit # Y) In the users insurance Ind State anti-discrim ponsibility for damag ir members using the of any appropriate re OOL NOT BEING IN	Yes_ Yes_ e policy as an ad- inatory laws. ge to persons, ec e school facilities epairs.	No <u>k</u> ditional insured. quipment or vehicles	related to the func
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Does this activity require wath Are any games of chance bein If yes, State Reg. # CERTIFICATE OF INSURAN Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does r At the end of each activity the THIS ACTIVITY MAY BE CA	Ing held? Loc NCE ATTACHED (OR COP Education must be named in the Board assumes no resp not apply to groups and the the custodian is to be notified ANCELLED DUE TO SCHO NEQUIRED.	cal Permit # Y) In the users insurance and State anti-discrim ponsibility for damag ir members using the of any appropriate re OOL NOT BEING IN	Yes_ Yes_ e policy as an ad- inatory laws. ge to persons, ec e school facilities epairs. I SESSION, OR 9/11/ Date	No_k V''_i ditional insured. uipment or vehicles IF A BLACK SEAL C	related to the func

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

Quakertown, New Jersey 08868

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United	NJ 14	unterta	n Horos	Ples	ase Circle One:		
Name of C	rganization/Sponso	ring Organiza	ation			According to Policy)	
Migan	Haussey	, <u> </u>	" <u>.</u>				
Responsibl			Street Addre	ess Tow	n Zip	Phone#	•
Katic	Jerhone					· · · · · · · · · · · · · · · · · · ·	
Alternate R	esponsible Party		Street Addre	Tow	/n Zip	Phone#	
REQUEST	FOR USE MUST	BE RECEIVE	D BY:	FACILITY RE	EQUESTED:	, <u>,</u>	
July 1	For School Y	ear Activity	Sept-June	New APR/Ok	d APR Baseba	ull Field	
July 1	Fall Sports S	eason	Sept-Dec	Classroom(s))# Soccer	Field	
Nov. 1	Winter Sport:	s Season	Jan-Mar	Gymnasium	Softball	Field	
Feb. 1	Spring Sports	s Season	Apr-June	·			
May 1	Summer Use		July-Aug	Other			
PURPOSE:	Baske 45a	II Dev	etio W	iont Prof	ram		
ACTIVITIES		kensal	· · · · · · · · · · · · · · · · · · ·	O			
	T (in house/suppli	· · · · ·					
				· ·	· · · · · · · · · · · · · · · · · · ·		
FACILITIES	MODIFICATION (decorations,	more furniti	ure):			
Deta	s) Requested	Day(s) o	f Manali	t January 1	4	1 Others	
		Day(s) O	I WEEK	Hours	# Participants	# Others	
Lays- Jo	march7	MON	iday's	loom - 9pm	50	6	
	<u></u>			4		· · · · · · · · · · · · · · · · · · ·	
regulation: • Does this		ving of any B		:	Yes Yes Yes	nand agrees to abide b No No No	ly rules and
lf yes, Sta	te Reg. #		Loc	cal Permit #	,		``
CERTIFIC	ATE OF INSURAN	CE ATTACHI	ED (OR COP	Y)	Yes_	_No (orn	$\langle s J \mathcal{A} \rangle$
• Franklin T	ownship Board of E	ducation mus	t be named ir	n the users insurand	ce policy as an additic	onal insured.	
 The above 	-named organizatio	ri complies w	ith Federal a	nd State anti-discrin	ninatory laws.		
 The applic The Board 	ant understands th 's insurance does n	e Board assu ot apply to gr	umes no res r oups and the	onsibility for dama ir members using ti	ige to persons, equip he school facilities.	priment or vehicles rela	ited to the fun
 At the end 	of each activity the	custodian is t	to be notified	of any appropriate	repairs.		
					·	A BLACK SEAL CUS	
		· · ·		;	512	715	
	Pan hau	XX.			<u>````</u>	<u> </u>	
	Panhau Applicant	ON O	*****		Date		
BE IN ATT	Applicant	<u> </u>	······	٨٥٠٠		roved	
BE IN ATT	and a second	<u> </u>	e	Appro		roved	
BE IN ATT	applicant	<u> </u>	e			roved	
BE IN ATT	Applicant	<u> </u>	e	Appro		roved	

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

FACILITY USE APPLICATION

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Hunter den it istle			Please	Circle One:			
Name of Organization/Sponsoring Organization			Class of	Organization	(Accordina	to Policv)	
Keyn McCan				5 F	· ·		
Responsible Party	Siree	Address	Town	Ζip		Phone#	
Alternate Responsible Party	Stree	Address	Town	Zip	• • • • • • • • • •	Phone#	·
REQUESTS FOR USE MUST B	E RECEIVED BY	: F/	CILITY REQU	ESTED:			
July 1 For School Ye	iar Activity Sept	June Ne	w APR/Old AF	R Base	sball Field		
July 1 Fall Sports Se	ason Sept	Dec Cl	assroom(s) #	# Soccer Field		<u></u>	
Nov. 1 Winter Sports	Season Jan-	Viar Gy	/mnasium	_X_Soft	ball Field	ว่าการและระหว่างให้การหนึ่ง	
Feb. 1 Spring Sports	Season Apr-	lune					
May 1 Summer Use	July-	Aug Ot	her	·····			
PURPOSE: Basket	ball pre	ictice				······································	
ACTIVITIES:	wit	\					
EQUIPMENT (in house/supplie	(d): K	<u>/A</u>		nial and date and a surger of the surgery of the su	· · · · · · · · · · · · · · · · · · ·	is - t - ut cout al - month-	
FACILITIES MODIFICATION (d	ecorations, more	fumitureit	NA				
		· · · · · · · · · · · · · · · · · · ·					
Date(s) Requested	Day(s) of Wee	k Ho	iurs	# Participants	#(Dihers	
Sept-Jine	Monda	4	3	15	1	<u>.</u>	
Sept-Tune	Monda Wednes	Jour	3	15			
 Applicant has received and rec regulations: 		and the	aining to Use o		lies and agree	as to abide by	rules and
- Does this activity require walv	ing of any Board	odicies?		Yes_	NoX	· •.	
Are any games of chance bein				Yes	No	•	
If yes, State Reg. #		Local Perm	nit#	0-11-10-14-14-14-14-14-14-14-14-14-14-14-14-14-			
· CERTIFICATE OF INSURAN	CE ATTACHED (C	OR COPY)		Yes	No	on.	File
- Franklin Township Board of Ec	dúcation must be r	amed in the use	ers insurance p	olicy as an ad	ditional insure	ed.	
• The above-named organization	n complies with Fe	ideral and State	anti-discrimina	atory laws.			
 The applicant understands the The Board's Insurance does no 	e Board assumes ot apply to groups	no responsibilitiand their memb	ty for damage ters using the s	to persons, en ichool facilities	quipment or y	rehicles relate	d to the function.
· At the end of each activity the	custodian is to be	notified of any a	appropriate rep	airs.			
• THIS ACTIVITY MAY BE CAN BE IN ATTENDANCE WHEN HULLULL	BEOLIBED		DT BEING IN S	SESSION, OR	IF A BLACK	SEAL CUST	ODIAN CANNOT
Signature of Applicant		*		Date	U.p		
Action Taken by Board of Educat	ion on: Date	าสองสาวมารูประวารา ร	Approve	dNot /	Approved		
Superintendent or Designee		Da	te	~			τ.
Comments;							1747-244 ²
Revised: 8/1/11							