XI.D.1.

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

Name of Organization/Sponsorin	By Recression	Class	of Organization (Ac	cording to Policy)	
MARK MROZ	•	_ ~	- · ·	_ .	-
Responsible Party	Street Addres	s / Town	Zip	Phone#	
Alternate Responsible Party	Street Addres	s Town	Zip	Phone#	
REQUESTS FOR USE MUST BI	E RECEIVED BY:	FACILITY REQ	UESTED:		
July 1 For School Yea	ar Activity Sept-June	New APR/Old A	APR <u>·</u> Baseball	Field	
July 1 Fall Sports Sea	ason Sept-Dec	Classroom(s) #	Soccer F	eld	
Nov. 1 Winter Sports S	Season Jan-Mar	Gymnasium	Softball F	ield	
Feb. 1 Spring Sports S	Season Apr-June				
May 1 Summer Use	July-Aug	Other			
PURPOSE: Arc 12	posketbouc				
ACTIVITIES, BASKE	Ibacc Pra	atice and	2 GAMES	······	
EQUIPMENT (in house/supplie	d): TABIE and	Sacre boa	ed on Sa.	turdays	
FACILITIES MODIFICATION (de					
	,		•		
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
NOV 21 - MAR. ch 15 DEC 10 - March 18	Mon, Tues, 1 Thun	7-9	20	5	
10 - May ch 18	54+	9-4	50	50	
 Applicant has received and rear regulations. 	74にら ピーク ad Board of Education Poli	7 - 9 icy pertaining to Use	Yes_/	NO	by rules and
 Does this activity require waiv 	ing of any Board policies?	2	Yes	·	
 Are any games of chance bein 			Yes	No_/	
If yes, State Reg. #	Loc	al Permit #	A.	-	
CERTIFICATE OF INSURAN			Yes <u>X</u>		
Franklin Township Board of Ec				nal insured.	
The above-named organizatio				: 7	
 The applicant understands th The Board's insurance does n 	e Board assumes no resp ot apply to groups and the	oonsibility for dama ir members using th	ge to persons, equip ne school facilities.	ment or vehicles re	lated to the
 At the end of each activity the 	custodian is to be notified	of any appropriate	repairs.		
. THIS ACTIVITY MAY BE CA	NCELLED DUE TO SCH		N SESSION, OR IF		JSTODIAN (
BE IN ATTENDANCE WHEN	10		10/5/1	Le	
Signature of Applicant	// 0		Date		
Action Taken by Board of Educa	tion on: Date	Appro	ovedNot App	roved	
Superintendent or Designee		Date			

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

Thesponsible Party Street Address Town Zip Phone# Attends Responsible Party Street Address Town Zip Phone# July 1 For School Year Activity Sept-June New Apriloid APR Baseball Field	JF LIONS Name of Organization/Spons	Field Hock		CATION e Circle One: 1 s of Organization (A	(i) ui ccording to Policy)
Accuration Facility Requested Facility Requested July 1 For School Year Activity Sept-June New APPOOId APP Baseball Field July 1 Fall Sports Season Sept-Dec Classroom(s) # Soccor Field July 1 Fall Sports Season Jen-Mar Gymnasium Soltball Field Nov. 1 Winter Sports Season Apr-June Sottball Field	Responsible Party	Ric.			n)
July 1 For School Year Activity Sept-June New APPOOId APP Baseball Field July 1 Fall Sports Season Sept-Dec Classroom(s) # Soccor Field Nov. 1 Winter Sports Season Apr-June Soccor Field		Jrennan	FACILITY REG	QUESTED:	
Jully 1 Fail Sports Season Sept-Dec Classroom(s) # Soccer Field Nov. 1 Winter Sports Season Apr-June Sottball Field May 1 Summer Use July-Aug Other PURPOSE:			New APRIOId	APRBaseball	Field
Nov. 1 Winter Sports Season Jan-Mar Gymnasium Sottball Field Feb. 1 Spring Sports Season Apr-June May 1 Summer Use July-Aug Other PURPOSE: $Apr-June$ July-Aug Other ACTIVITIES: EQUIPMENT (in house/supplied): $Archles to Seat Ioo FACILITIES MODIFICATION (decorations, more furniture): Activity = 100 \text{ MK} # Participants # Others Date(s) Requested Day(s) of Week Hours # Participants # Others May 110 Date(s) Requested Day(s) of Week Hours # Participants # Others May 110 T_{A} 530-9 IoO IoO IoO IoO • Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. Yes_NO_{-} Yes_NO_{-} • Does this activity require waiving of any Board policies? Yes_NO_{-}$ Yes_NO_{-} Yes_NO_{-} • Are any games of chance being held? Yes_NO_{-} Yes_NO_{-} Yes_NO_{-} Yes_NO_{-} • Franklin Township Board of Education must be named in the users insurance policy as an additional in	·	• •	Classroom(s)	# Soccer F	Field
May 1 Summer Use July-Aug Other	-		Gymnasium	Softball I	Field
PURPOSE:	Feb. 1 Spring Spo	rts Season Apr-June			
ACTIVITIES:			Other		
EQUIPMENT (in house/supplied): tables to sect no Mic FACILITIES MODIFICATION (decorations, more furniture):	NA.	ards F	Bang	set.	<u></u>
FACILITIES MODIFICATION (decorations, more furniture):	ACTIVITIES:	·)		, 1
Date(s) Requested Day(s) of Week Hours # Participants # Others iff(1/2) W 5 ³⁰ -9 0 0 iff(2) IL 5 ³⁰ -9 0 0 iff(2) Ves_No_ Ves_No_ 0 0 if yes, State Reg. #	EQUIPMENT (in house/sup	blied): tak	ples ti	o seat	100 / MIC
Date(s) Requested Day(s) of Week Hours # Participants # Others av 11/2 W 5 ³⁰ -9 0 0 Abjuicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. Yes_No		(decorations more furnitu	re).		1
Date(s) fitue bit of the stress of the st	FACILITIES MODIFICATION	(decorations, more farmed		<u> </u>	
init 11/2 W 53-9 0 init 12 1 530-9 0 init 10 1 530-9 0 init 10 1 530-9 0 init 10 1 0 0 init 10 1 1 1 0 0 init 10 1 1 1 0 0 0 init 10 1 1 1 1 0 0 0 init 10 1 1	Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others
Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. • Does this activity require waiving of any Board policies? Yes_No			-30 er		<u> </u>
 Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. Does this activity require waiving of any Board policies? Are any games of chance being held? YesNo Are any games of chance being held? YesNo CERTIFICATE OF INSURANCE ATTACHED (OR COPY) ØA file YesNo 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 The Board's insurance does not apply to groups and their members using the school facilities. 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 C BE IN ATTENDANCE WHEN BEQUIRED. Yes	@ <u>11/2</u>		5-7		
regulations. Yes_No	Bic)1/10	12	53-9	100	
 Does this activity require waiving of any board pointed. Are any games of chance being held? YesNo	• •	read Board of Education Pol	icy pertaining to Us	e of School Facilities Yes	and agrees to abide by rules a
 Alle any games of chance being notiting induition in the set of the	 Does this activity require w 	aiving of any Board policies'	?	Yes	No_/
 CERTIFICATE OF INSURANCE ATTACHED (OR COPY) In file Yes No	 Are any games of chance t 	eing held?		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 responsibility for damage to persons, equipment or vehicles related to the The Board's insurance does not apply to groups and their members using the school facilities. 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 OB BE IN ATTENDANCE WHEN BEQUIRED. John Attrendance of Applicant 	If yes, State Reg. #	Loi	cal Permit #	A	-/
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THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOOL NOT BEING IN SESSION, OR IF A BLACK SEAL CUSTODIAN OF BE IN ATTENDANCE WHEN BEQUIRED. 10/5/0/6 Signature of Applicant Date	The applicant understands The Board's insurance doe	the Board assumes no res s not apply to groups and the	ponsibility for dama ir members using th	ge to persons, equip ne schoot facilities.	ment or vehicles related to th
BE IN ATTENDANCE WHEN BEQUIRED. 10/5/016 Signature of Applicant Date	At the end of each activity:	he custodian is to be notified	of any appropriate i	repairs.	
Cignatoro or represent		EN BEQUIRED.			
Action Taken by Board of Education on: DateApprovedNot Approved	Contraction Con			Date	
	Signature of Applicant			aund Not Ann	roved
Superintendent or Designee Date Comments:	-	ucation on: Date	Appro	weiwor App	

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FRANKLIN TOWNSHIP BOARD OF EDUCATION

P.O. Box 368, Rt. 579

Quakertown, New Jersey 08868

FACILITY USE APPLICATION

	PTA 1	Please Circle One: 1 II III						
	Name of Organization/Sponsoring Organization		Class	Class of Organization (According to F		, · · ·		
		Mann		<u> </u>				
	Responsible Party	Street Address	s Town	Zip	¹ Phone#			
	Alternate Responsible Party	Street Address	s Town	Zip	Phone#			
	REQUESTS FOR USE MUST E	E RECEIVED BY:	FACILITY REC	QUESTED:				
	July 1 For School Year Activity Sept-June		New APR/Old	APR Basebal	Field			
	July 1 Fall Sports Season	Sept-Dec	Classroom(s) #	# Soccer F	Field			
	Nov. 1 Winter Sports Season	Jan-Mar	Gymnasium	Softball	Field			
	Feb. 1 Spring Sports Season	Apr-June	Other (2tetenia				
	May 1 Summer Use	July-Aug	Weekend Cust (\$30 per hour)	odian Needed: Yes_	No			
	PURPOSE: <u>Evenin</u>							
nance	ACTIVITIES: Hundevelor	- (d. Proserut	this Africe	Active Sh	able Drill	Protocols		
USU	-EQUIPMENT (in house/supplie	ed): But (Tables o	peniol)	Sale (b	mpus In	tratio		
Č	FACILITIES MODIFICATION (d	ecorations, more furniture	e):	Standar	d Response	Protocol		
					" Runfin	white Chatters		
	Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others			
	Nov	Tues	2hrs					
			7-9pm					
	Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. YesNo							
	 Does this activity require waiv 	YesNo_						
	 Are any games of chance beir 		Yes	No				
	If yes, State Reg. # Local Permit #							
	· CERTIFICATE OF INSURANCE ATTACHED (OR COPY) YesNo On AL							
	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. 							
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	 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 CANNOT							
	BE IN ATTENDANCE WHEN REQUIRED.							
	Signature of Applicant Date							
Action Taken by Board of Education on: DateApprovedNot Approved								
	Superintendent or Designee							
	Comments:							