FACILITY USE APPLICATION

United NJ AAU	Plea	se Circle One: 1 (R	
Name of Organization/Sponsoring Organization	Clas	s of Organization (Acc	ording to Policy)	
Heran Haushey				
Responsible Party Street Addr	ess Towi	n Żip –	Phone#	
Katu Terhune				
Alternate Responsible Party Street Addr	ess Towi	n 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 Fi	ield	
July 1 Fall Sports Season Sept-Dec	Classroom(s)	# Soccer Fiel	ld	
Nov. 1 Winter Sports Season Jan-Mar	Gymnasium	Softball Fie	ald	
Feb. 1 Spring Sports Season Apr-June				
May 1 Summer Use July-Aug	Other			
PURPOSE: Basky thall practices				
ACTIVITIES: 5 A Sketsall				a da anti-
EQUIPMENT (in house/supplied): 1602				
FACILITIES MODIFICATION (decorations, more furnit	ure):			
Date(s) Requested Day(s) of Week	Hours	# Participants	# Others	
	Tiodia			
+ Thurs Nights 41/6 -11/2	6,20-930	40	5	
Tues nishts 9/6, 9/1, 11/8	6:30-9:30	40	$\overline{}$	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
 Applicant has received and read Board of Education Por regulations. 	Nicy pertaining to Us	e of School Facilities and Yes 🗡 No		rules and
 Does this activity require waiving of any Board policies 	2	Yes No		
Are any games of chance being held?		Yes No		
이 제가 물건을 만든 물건을 받는 것이 많이 많을 것 없습니다.	cal Permit #			
· · · · · · · · · · · · · · · · · · ·	n stillingen anderen			
CERTIFICATE OF INSURANCE ATTACHED (OR COI		Yes <u>X</u> No		
Franklin Township Board of Education must be named			l insured.	1997년 - 1998년 - 1997년 1997년 - 1997년 - 1997년 1997년 - 1997년 -
The above-named organization complies with Federal a	und State anti-discrim	ninatory laws.		
 The applicant understands the Board assumes no res The Board's insurance does not apply to groups and the 	ponsibility for dama air members using th	ge to persons, equipme e school facilities.	ent or vehicles relate	ad to the function.
At the end of each activity the custodian is to be notified	l of any appropriate i	epairs.		
• THIS ACTIVITY MAY BE CANCELLED DUE TO SCH	OOL NOT BEING I	N SESSION, OR IF A B	LACK SEAL CUST	ODIAN CANNOT
BE IN ATTENDANCE WHEN REQUIRED.		8/1/16		
Signature of Applicant		Date		
Action Taken by Board of Education on: Date	Appro	vedNot Approve	ed	
- 문제 물건 이번 모르겠어. 이 영화에	and an	na na salatan Tana sa salatan		
Superintendent or Designee	Date	— Maria Carlo Laboratoria de la construcción de		
Comments:				
Revised: 8/1/11				

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

FACILITY USE APPLICATION

	ETS PTA			A	Plas	so Circio Or	10;	la iki	,
	Name of Organ	ization/Sponsoring	Organization			s of Organiz		ording to Policy)	• •
	Jacqueli	ne Bradles			W) 11. NHE (NOVA				1 . 1
	Responsible Pa		Str	net Address	Towr	1	Zip	Phone#	-
	Reka Hue					- · -,	-		
	Alternato Respo	nbidie Pany	Su	oot Addross	Talvi		Zip	Phone#	
	REQUESTS FO	R USE MUST BE I		Y:	FACILITY RE	QUESTED:			
	July 1	For School Year .	Activity Se	pt-June	New APR/Old	APR	Baseball F	loid	
	July 1	Fall Sports Sease	n Sel	pt-Dec	Classroom(s)	#	Soccer Fle	id	
	Nov. 1	Winter Sports Se	ason Jar	r-Mar	Gymnasium	·	Softball Fie	ld	
	Feb. 1	Spring Sports Se	ison Api	-June	1.55	_			
	May 1	Summer Use		y-Aug	Other Lib(ary_			
		ra Meetu	<u>\gs</u>					······	•
	ACTIVITIES:			7 		inker er ser som nære vær	ו הראש מערך ארייני אייייייי		
	EQUIPMENT (In	house/supplied):	Table	s and	Chairs				
	FACILITIES MO	DIFICATION (dec	rations, mo	re furniture)	none			······································	
7	first Thurse	have of each	mout	for Il	e 2010-	2017	School	Year	
	Date(s) R	equested	Day(s) of We	эөк	Hours	# Partici	pants	# Others	
9/1, 10/6	11/3, 12/	1,1/5		1	15pn to	25 -	30		
2/2, 3/	2, 4/6, 5	5/4,6/1	<u>,</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8:15pm			,	
,	 Applicant has a regulations. 	received and read I	Board of Educ	ation Policy	pertaining to Use	e of School I	Facilities and YesNo		ə'by rules and
	· Does this activ	ity require weiving	of any Board	l policies?			YesNo	L	•
	- Are any games	of chance being h	eld?				YesNo	<u> </u>	
	if yes, State H	og. #		Local I	ormit #				~ .
		OF INSURANCE		(OR COPY)			Yas VNo	on.	file
	Franklin Towns	hip Board of Educa	ition must be	named in the	users insuranc	o policy as a	an additional	insured.	•
	 The above-name 	ned organization co	mplies with F	Federal and S	itäte anti-discrim	inatory laws	i.		
	 The applicant The Board's in: 	understands the B surance does not a	pard assume oply to group	s no respons s and their m	sibility for damag ombers using the	je to persor e school fac	ns, equipme Illios.	nt or vehicles re	slated to the function.
	 At the end of e 	ach activity the cus	odlen is to be	e notified of a	ny appropriate re	opairs.			
ι.		Y MAY BE CANCE DANCE WHEN RE		TO SCHOOL	. NOT BEING IN	I SESSION,	OR IF A B	LACK SEAL CU	JSTODIAN CANNOT
	Signature of Appi	line Brl	cley	*		£	0416 Date		
	V	Board of Education	on: Date		Аррго	ved	Not Approve	स्त	
	Superintendent o	r Designee			Date	ni tara			
	Comments:	-			المى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تەرىپىرىنى تە	***			
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	Hevised: 8/1/11								

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				FRANKLIN	TOWNSHIP BO P.O. Box 368		UCATION			
		01204		Qu	akertown, New	•	18			
	Troop d	51007		EA	CILITY USE A	PLICATIO	N			
C	Sin Sco	ut the	art a	I NI	1	Please Oircle	0.000 L	(î)`≡		
	Name of Orga	nization/Sponsori	ing Organiza	ution		Class of Orga		ccording to Poli	icy)	
	Reka	Huebse	her	~~ ···································			-	1) (.	,
	Responsible Pa			Street Addre	88]	own	Zip	Phon	ne#	
	Alternate Resp		Meril H	Stroot Addro	sa j	own	Zip	Phon		
		OR USE MUST B	E RECEIVE			REQUEST				
	July 1	For School Ye		Sept-June	New APR		Baseball	field		
	July 1	Fall Sports Se	ason	Sept-Dec	Classroon	n(s)# <u>13</u>	5 Soccer F	ield		
	Nov. 1	Winter Sports	Season	Jan-Mar	Gymnasiu	m	Softball I	=ield		
	Feb, 1	Spring Sports	Season	Apr-June	old	APR	or Art	room	<i>.</i> //	
	May 1	Summer Use	I	July-Aug	Other_O	<u>libri</u>	ary (if	weather i	snice we will be	
	PURPOSE: G	irl Scout	meet	ugs	•				- playatound)	
	ACTIVITIES:	Shack 1c	raft,	play, r	endy.			····		
	EQUIPMENT (I	n house/supplie	a): tabl	e e ch	airs'			······································	Anna k	
	FACILITIES MO	DIFICATION (de	ecorations,	more furnitu	ra): <u>hone</u>	·				
	1st Thurs	sday of eac	d Month	1						
	Date(s) F	Requested	Day(s) o	f Wøøk	Hours	#Pa	rtloipants	# Others		
9/1, 10/0	5, 11/3, 12	11,1/5			3:30 - 4:	30 10-	-15 kids	4-5 pa	rent helpers	
2/2,3/2	2, 4/6, 5	14, 6/1			f				_	
(*) /	- Applicant has	received and rea	st Board of F		icv nertaining to	Use of Schr	nol Eacilities a	nd agrees to ph		
	regulations.				nà hourainna io	000 01 0010		No	ine by fules and	
	 Does this acti 	ivity require waivi	ng of any B	oard policies?	1		Yesi	No		
	 Are any game 	s of chance being	g held?				Yçs	No		
	lf yos, State i	Rog. #		Loc	al Permit #	,			ь.).	
		EOF INSURANC		•				No Oh	All -	
	 Franklin Town 	iship Board of Ed	ucation mus	t be named in	the users insur	ance policy i	as an addition	al insured.		
	 The above-na 	med organization	i complies w	ith Federal an	d State anti-dis	ximinatory la	IWS.			
	 The applicant The Board's in 	understands the isurance does no	Board assu t apply to gr	omes no resp oups and theil	onsibility for da / members usin	maga to per g the school	sons, equipri facilities.	nent or vehicles	s related to the function.	
	 At the end of e 	each activity the c	ustodian is i	ið be notified i	of any approprie	te repairs.				
	- THIS ACTIVIT	TY MAY BE CAN DANCE WHEN F	ICELLED D REQUIRED.			g in Bessi	ON, OR IFA	BLACK SEAL	CUSTODIAN CANNOT	
	Signature of App	V					Date			
	Action Taken by		on on / Dat	٥	Δ-	proved		vod		
,	льмын тылын ду	Sourd of Luucau	ասերինի երնվ	· · · · · · · · · · · · · · · · · · ·	^	P.0100		, GQ		
	SuperIntendent d	or Designoe			Date					
	Comments:	• • • • •	·····					••••••••••••••••••••••••••••••••••••••		
	Revised: 8/1/11									

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	WNSHIP BOARD OF EDUCATION
Out of	P.O. Box 368, Rt. 579 Tertown, New Jersey 08868
Gub Scout Packe 108	ILITY USE APPLICATION
Washigton Crossing Council BSA	
	Please Circle One: 1 / 11 / 11 Class of Organization (According to Policy)
Name of Organization/Sponsoring Organization	
Reka Huebschet-	Town Zip Phone#
Hz Turek	
Alternate Responsible Party Street Address	з 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 Fail Sports Beason Sept-Dec	Classroom(s) # <u>125</u> Soccer Field
Nov. 1 Winter Sports Season Jan-Mar	Gymnaslum Softball Field
Feb. 1 Spring Sports Season Apr-June	OLD APL or Art room
May 1 Summer Use July-Aug	other or library (if useather is nice we to be
PURPOSE: Cub Scoul meeting	outside on the
ACTIVITIES: shack, chaft, gan	ies, play play ground
EQUIPMENT (in house/supplied): +able and	chairs V
FACILITIES MODIFICATION (decorations, more furnitur	g): hone
	2016-2017 School Year
Date(s) Requested Day(s) of Week	Hours # Participants # Others
alag 10/27 12/20 1/20	3:30-4:30 10-15 Kids 4-5 parend helpers
9/29, 10/27, 12/29, 1/26	
2/23) 3/23/ 1/21 5/23	
 Applicant has received and read Board of Education Polic regulations. 	cy pertaining to Use of School Facilities and agrees to abide by rules and YesNo
Does this activity require waiving of any Board policies?	YesNo
 Are any games of chance being heid? 	YesNo
lf yos, State Reg. # Loc	ai Pormit # Yes No on file
CERTIFICATE OF INSURANCE ATTACHED (OT COT	/
 Franklin Township Board of Education must be named in 	the users insurance policy as an additional insured.
 The above-named organization complies with Federal an 	d State anti-discriminatory laws.
 The applicant understands the Board assumes no resp The Board's insurance does not apply to groups and their 	onsibility for damage to persons, equipment or vehicles related to the function. • members using the school facilities.
 At the end of each activity the custodian is to be notified. 	
	OL NOT BEING IN SESSION, OR IF A BLACK SEAL, CUSTODIAN CANNOT
BE IN ATTENDANCE WHEN REQUIRED.	م البرام
Josephere of Applicant	Date Date
Signature of Applicant	Automatic Antoninari
Action Taken by Board of Education on: Date	ApprovedNot Approved
	Date
SuperIntendent or Designee Comments:	

FACILITY USE APPLICATION
PTA KOOK FAIR COMM, Please Circle One: DI III
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Allison Witkouski
Responsible Party Street Address Town Zip () / Phone#
Alternate (Responsible Party Street Address Town Zip Phone#
REQUESTS FOR USE MUST BE RECEIVED BY: FACILITY REQUESTED:
Theater - no stage
S A Jack Bart Fairs
A LEGie - Epopily Alight
Activities. Opporter orth
EQUIPMENT (in house/supplied): <u>COTORALS</u>
FACILITIES MODIFICATION (decorations, more furniture):
Date(s) Bequested Dav(s) of Week Hours # Participants # Others
9173 -> 9130/16 Fr, M-F 80-330 at me 4vol per grade
9/28/10 Werd 60-830 Family Night
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
Does this activity require waiving of any Board policies? YesNo_X
Are any games of chance being held? Yes_No_X_W111 Provide
If yes, State Reg. #N/ALocal Permit # 2010-2017 POI(Cy
· CERTIFICATE OF INSURANCE ATTACHED (OR COPY) Yes_No_X ONC YENEWED
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 function. 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 CANNOT
BE IN ATTENDANCE WHEN REQUIRED.
Signature of Applicant Date
Action Taken by Board of Education on: DateApprovedNot Approved
Superintendent or Designee Date
Comments:

Revised: 8/1/11

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FACILITY USE APPLICATION

FTS PTA MS WINTER WOODLAND DANCE Please Circle One: [] 11 11
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
FERNANIA DOCABO Responsible Party Street Address Town Zip Phone# LYNNE FRENCH
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 APB/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 HALLWAY TO NEW APR
PURPOSE: BUILDING CONFIDENCE & GAINING EXPERIENCE AT SOCIAL EVENTS/RECREATION.
ACTIVITIES: DANCING AND REFRESHMENTS - ANNUAL EVENT - GRADES 6-8
EQUIPMENT (in house/supplied): DJ SOUND BOARD, SPEAKERS : BASE ENT. DJS
FACILITIES MODIFICATION (decorations, more furniture): WE'LL USE CAF. TABLES; NEED: DJTABLE;
DECOR/REFRESHMENTS WILL BE WOODLAND THEMED/APRÉS SKI LODGE
Date(s) Requested Day(s) of Week Hours # Participants # Others
Jan. 20, 2017 FRIDAY 40m-10:450m 75 2 DJS
(Set up 4-7; dance 7:30-9:30pm (clean up)
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
Does this activity require waiving of any Board policies? Yes No V
Are any games of chance being held? YesNo_V
If yes, State Reg. # Local Permit #
· CERTIFICATE OF INSURANCE ATTACHED (OR COPY) ON FLEE 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 function. 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 CANNOT BE IN ATTENDANCE WHEN REQUIRED. 7/25/16 Hank you
Signature of Applicant Date
Action Taken by Board of Education on: DateApprovedNot Approved
Superintendent or Designee Date
Comments:
Revised: 8/1/11

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FACILITY USE APPLICATION

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Name of Organization/Sponsoring Organization Class of Organization (According to Policy) Jackle Bradley
Responsible Party Street Address Town Zip Phone#
Lynne French -
Alternate Responsible Party Street Address Town Zip Phone#
REQUESTS FOR USE MUST BE RECEIVED BY: FACILITY REQUESTED:
REQUESTS FOR USE MUST BE RECEIVED BY
July 1 Fall Sports Season Sept-Dec Classroom(s) # Softball Field Nov. 1 Winter Sports Season Jan-Mar Gymnasium Softball Field
Ech 1 Spring Sports Season Apr-June
May 1 Summer Use July-Aug Other hallway linking the two
PUPPOSE Family Recreation: PK-5 Learning to dance
ACTIVITIES: 10 TH ANNUAL SWOWFLAKE BALL FAMILY DANCE AND IRICRY IRAY
EQUIPMENT (in house/supplied): DT SPEAKERS/LIGHTS/SOUND BOARD/PHOTO BODTH IN GYM
FACILITIES MODIFICATION (decorations, more furniture): TABLE FOR DJ, LADDERS, 4 HALLWAY TABLES,
80 CHAIRS IN GYM; ROLLING GARTS; CAF TABLES FOR TRICKY TRAY PRIZES, Date(s) Requested Day(s) of Week Hours # Participants
Jan. 27, 2017 Friday 330-1030 200 2055
(Set up -3:30-6:00) (dance 630-8:30) (tricky tray 8:30-9:30) (clean up)
Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and regulations. Yes V_No
Ves No M
Are any games of chance being held? Yes No (TRICKY TRAY)
If yes, State Reg. #ON FILE Local Permit #ON FILE
CERTIFICATE OF INSURANCE ATTACHED (OR COPY) ON 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 function. 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 CANNOT BE IN ATTENDANCE WHEN REQUIRED.
BE IN ATTENDANCE WHEN REQUIRED. 7-25-16 Hank you! Signature of Applifant Date
Action Taken by Board of Education on: Date ApprovedNot Approved
Superintendent or Designee Date
Comments:
Revised: 8/1/11