FRANKLIN TOWNSH	IIP BOARD	OF	EDUC	ATIC	ΟN
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P.O. Box 368, Rt. 579 Quakertown, New Jersey 08868

FACILITY USE APPLICATION Please Circle One: (According to Policy) Name of Organization/Sponsoring Organization Class of Organization Nen Nn mar 7 Street Address Town Phone#\_ **Responsible Part** Phone# Street Address Town Zip Alternate Responsible Party FACILITY REQUESTED: **REQUESTS FOR USE MUST BE RECEIVED BY:** New APR/Old APR . **Baseball Field** For School Year Activity Sept-June July 1 Classroom(s) # Soccer Field July 1 Fall Sports Season Sept-Dec Gymnasium Softball Field Winter Sports Season Jan-Mar Nov. 1 Apr-June Spring Sports Season Feb. 1  $\supset \alpha$ Othe Summer Use July-Aug May 1 PURPOSE: **ACTIVITIES:** S 6000 104 EQUIPMENT (in house/supplied): FACILITIES MODIFICATION (decorations, more furniture): # Others # Participants Day(s) of Week Hours Date(s)/Requested 11 30 Stud vibile 10-2 S Applicant has received and read Board of Education Policy pertaining to Use of School Facilities and agrees to abide by rules and Yes imes No regulations. Yes No Does this activity require waiving of any Board policies? Are any games of chance being held? Yes Local Permit # If yes, State Reg. # \_ (on file . PTA) · CERTIFICATE OF INSURANCE ATTACHED (OR COPY) Yes 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 Approved Not Approved Action Taken by Board of Education on: Date\_ Date Superintendent or Designee Comments:\_ Revised: 8/1/11

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

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		FACIL	ITY USE APPLIC	ATION	_	
PTA	, School	Store	Please	Circle One:		•.
Name of Orga	anization/Sponsoring Organi	zation		of Organization (	According to Policy)	
()onn	ie Thukar	0			· "	
Responsible P		Street Address	Town	Zip	Phone#	
Alternate Resp	ээлsible Party	Street Address	Town	Zip	Phone#	
REQUESTS F	OR USE MUST BE RECEI	/ED BY:	FACILITY REC	WESTED: 1 UNC	shroo u.	
July 1	For School Year Activity	Sept-June	New APR/Old	APR Baseb	all Field	
July 1	Fall Sports Season	Sept-Dec	Classroom(s) #	Socce	r Field	
Nov. 1	Winter Sports Season	Jan-Mar	Gymnasium	Softba	ll Field	
Feb. 1	Spring Sports Season	Apr-June				
May 1	Summer Use	July-Aug	Other			
PURPOSE:	School St	WR.		tri o d	Calady	t an G
ACTIVITIES:	Oppushin Ly	tw Sh		1	ase School	
EQUIPMENT	(in house/supplied):	$\times 1000 - 10$	bust	please #	, 	
FACILITIES N	IODIFICATION (decoration	ns, more furniture)	):		<u>.                                    </u>	
Date(s)	) Requested Day(s	s) of Week	Hours	# Participants	# Others	
	{ t.r	1	lunch	3-5		
01261	$l \left( \frac{1}{10} - \frac{1}{100} \right)$	znesetaci-	0	<u>n </u>	C	•
3122,	329,40		Revied	PARE Value	http://	
<ul> <li>Applicant had regulations.</li> </ul>	as received and read Board	of Education Policy	r pertaining to Us	e of School Facilitie Yes <u>∖√</u>	es and agrees to abide	by rules and
<ul> <li>Does this a</li> </ul>	activity require waiving of an	y Board policies?		Yes_	No	
• Are any gar	mes of chance being held?			Yes_	No_(\	
lf yes, Stat	te Reg. #	Local	Permit #			
· CERTIFICA	ATE OF INSURANCE ATTA	CHED (OR COPY)		Yes_	No	
	wnship Board of Education				itional insured.	
	named organization compli					
<ul> <li>The application</li> <li>The Board's</li> </ul>	ant understands the Board s insurance does not apply	assumes no respo to groups and their	nsibility for dama members using th	ge to persons, equipe school facilities.	uipment or vehicles re	ated to the function.
	of each activity the custodia					
• THIS ACTI BE IN ATT	IVITY MAY BE CANCELLE	D DUE TO SCHOO ED.	ol not being i	N SESSION, OR I	F A BLACK SEAL C	JSTODIAN CANNOT
Signature of	Applicant	······		Date	<del>~~. 114′ ~~</del>	·
-	by Board of Education on:	Date	Appro	ovedNot A	pproved	
<u></u>						
Superintende	nt or Designee		Date			-
Comments:						
Revised: 8/1	/11					

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

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## FACILITY USE APPLICATION

ETSPTA 1		Circle One: (1)	II III ording to Policy)	
Name of Organization/Sponsoring Organization	Class	of Organization (Acc	orang to Policy)	
Karen Objedzinski Street Address Responsible Party Street Address	' Town	Zip	Phone#	
Allison WitkowsKi Alternate Responsible Party Street Address	Томп	J Zip	Phone#	
REQUESTS FOR USE MUST BE RECEIVED BY:	FACILITY REQ	UESTED:		
The Ontent Year Activity Sent-June	New APR/Old A	PR Baseball F	-ield	
Tell Charle Segreen Sept-Dec	Classroom(s) #	Soccer Fie	əld ble	
Minter Sports Season Jan-Mar	Gymnasium	Softball Fi	eld	
Octor Season Apr-June		L I		
July-Aug	other Libr	ary or oth	erroom	
11. Liby Warkshop	with	- 'q 10Ck	<u>.                                    </u>	
ACTIVITIES: Children pyrchast	e holida	y gifts,		
AUTIVITIES.	and a c	Suple of	Chairs.	
FACILITIES MODIFICATION (decorations, more furnitu	re):			
Date(s) Requested Day(s) of Week	Hours	# Participants	# Others	
	9-7	2		
Nov, 29, 2016 Tuesday S/U		10		
Nov. 30 Dec 102 Wed- Fri.	<u>4-2</u>	10		by rules and
<ul> <li>Applicant has received and read Board of Education Pol regulations.</li> </ul>	icy pertaining to Us		$\prec$	
<ul> <li>Does this activity require waiving of any Board policies</li> </ul>	?	Yes	<u>No_/-</u>	
<ul> <li>Are any games of chance being held?</li> </ul>		Yes	<u>No</u>	
If yes, State Reg. #Lo	cal Permit #		- 	
OCTATE OF INSUBANCE ATTACHED (OR COF	עצי	Yes	No X	
<ul> <li>Franklin Township Board of Education must be named</li> </ul>	n the users insuran	ce policy as an addition	onal insured.	
The shouts parted organization complies with Federal a	ind State anti-discrit	minatory laws.		
<ul> <li>The applicant understands the Board assumes no res The Board's insurance does not apply to groups and th</li> </ul>	nonelbility for dama	ane to persons, equip	oment or vehicles	related to the function.
tuthe and of each activity the custodian is to be notified	d of any appropriate	repairs.		
. THIS ACTIVITY MAY BE CANCELLED DUE TO SCH	IOOL NOT BEING		A BLACK SEAL (	CUSTODIAN CANNOT
BE IN ATTENDANCE WHEN REQUIRED.		9181	16	
Signature of Applicant		/ Date/		
Action Taken by Board of Education on: Date	Арр	rovedNot App	proved	
Superintendent or Designee	Date	**************************************		
Comments:				<u></u>
Revised: 8/1/11				

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

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FACIL	ITY USE APPLIC	ATION		
GIVI Scouts Troop 80745 Name of Organization/Sponsoring Organization		Circle One: I (	II) III ording to Policy)	
	0,200 0	A organization M(t is	× ••••{\$	~
Responsible Party Street Addres~	Тоwn	7in	Phone#	-
(Inristing hompson				
Alternate Responsible Party Street Address	Town	Zip	Phone#	
REQUESTS FOR USE MUST BE RECEIVED BY:	FACILITY REQ	UESTED:		
July 1 For School Year Activity Sept-June	New APR/Old A	PR Baseball F	-ield	
July 1 Fall Sports Season Sept-Dec	Classroom(s) #	Soccer Fie	əld	
Nov. 1 Winter Sports Season Jan-Mar	Gymnasium	Softball Fi	eld	
Feb. 1 Spring Sports Season Apr-June	1 100	ting da	( )	
May 1 Summer Use July-Aug	Other MEC	ting pla		
PURPOSE: 1000 80 45 MULT	WK2			
ACTIVITIES: Meeting				
EQUIPMENT (in house/supplied): tables [c]	nairs			
FACILITIES MODIFICATION (decorations, more furniture	):Ø			
			# Oll-	
Date(s) Requested Day(s) of Week	Hours	# Participants	# Others	
3rd Tuesday each month	63º 8pm	20		
Octile> May 2017		•		
<ul> <li>Applicant has received and read Board of Education Policy regulations.</li> </ul>	y pertaining to Use	of School Facilities a Yes	nd agrees to abide	by rules and
Does this activity require waiving of any Board policies?		YesN	No <u>X</u>	
Are any games of chance being held?		Yes	No <u>X</u>	
	l Permit #			
· CERTIFICATE OF INSURANCE ATTACHED (OR COPY)	)	Yes	No	
Franklin Township Board of Education must be named in t		policy as an addition	al insured.	
The above-named organization complies with Federal and			- 	
<ul> <li>The applicant understands the Board assumes no responsible The Board's insurance does not apply to groups and their</li> </ul>	nsibility for damag members using the	e to persons, equipn e school facilities.	nent or vehicles re	lated to the function.
At the end of each activity the custodian is to be notified of				
• THIS ACTIVITY MAY BE CANCELLED DUE TO SCHOO BE IN ATTENDANCE WHEN REQUIRED.			BLACK SEAL CU	ISTODIAN CANNOT
BE IN ALLENDANCE INTERIOR		9-9-20	dle.	
Signature of Applicant		Date		
Action Taken by Board of Education on: Date	Approv	vedNot Appro	oved	
Superintendent or Designee	Date			
Comments:				
Revised: 8/1/11				

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

#### FACILITY USE APPLICATION

	41e		e Circle One: 1	II (III)	-
lame of Organization/Sponsor		Class	of Organization (Ac	cording to Policy)	
ferm mcc			7in	. Расовя	
lesponsible Party	Street Addre	ess Town	Zip	► Phullen	
Itemate Responsible Party	Street Addr	ess Town	Zip	Phone#	
EQUESTS FOR USE MUST E	BE RECEIVED BY:	FACILITY REQ	VESTED:		
uly 1 For School Year Activit	ly Sept-June	New APR/Old A	PR Baseball	Field	
uly 1 Fall Sports Season	Sept-Dec	Classroom(s) #	Soccer Fi	eld	
lov. 1 Winter Sports Season	Jan-Mar	Gymnasium	Softball F	ield	
eb. 1 Spring Sports Season	Apr-June	Other			
Aay 1 Summer Use	July-Aug		dian Needed: Yes	No	
PURPOSE: Bask	etball P.	(\$30 per hour) achice		······································	
CTIVITIES:				_,_,,	
EQUIPMENT (in house/suppli	ed):		7		
ACILITIES MODIFICATION (			. ,		
••••••	·	-			.~~
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
Sept-June	Wednesday	6:30-9:30	15		
otect, Apr-June	Mondays	6:30-9:30	15		
Nov-Mar	Fridays	0.00-1.00	11		
Applicant has received and re regulations.	ad Board of Education Po	blicy pertaining to Use	of School Facilities an Yes <u></u>	nd agrees to abide	by rules and
Does this activity require wai	ving of any Board policies	\$?	Yest	lo_X	
Are any games of chance bei	ng held?		Yesf	io_X	
If yes, State Reg. #	Lo	cal Permit #			
CERTIFICATE OF INSURAN			Yes_X_t	10	
			policy as an addition	al insured.	
	Ducadon most no named				
Franklin Township Board of E			natory laws.		
Franklin Township Board of E The above-named organizatio	on complies with Federal i	and State anti-discrimi	e to persons, equipm	nent or vehicles re	elated to the funct
Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does n	on complies with Federal in the Board assumes no rest not apply to groups and th	and State anti-discrimi sponsibility for damag eir members using the	e to persons, equipm e school facilities.	nent or vehicles re	elated to the funct
Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does not the end of each activity the	on complies with Federal a ne Board assumes no rea not apply to groups and th o custodian is to be notified	and State anti-discrimi sponsibility for damag eir members using the d of any appropriate re	e lo persons, equipri e school facilities. epairs.		
Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does n	on complies with Federal and ne Board assumes no react not apply to groups and the custodian is to be notified NCELLED DUE TO SCH	and State anti-discrimi sponsibility for damag eir members using the d of any appropriate re	e lo persons, equipri e school facilities. epairs.		
Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does no At the end of each activity the THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN	on complies with Federal in the Board assumes no re- not apply to groups and th o custodian is to be notified NCELLED DUE TO SCH I REQUIRED.	and State anti-discrimi sponsibility for damag eir members using the d of any appropriate re	e lo persons, equipri e school facilities. epairs.		
Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does no At the end of each activity the THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN Signature of Applicant	on complies with Federal in the Board assumes no rest not apply to groups and the custodian is to be notified NCELLED DUE TO SCH REQUIRED.	and State anti-discrimi sponsibility for damag elr members using the d of any appropriate re NOOL NOT BEING IN	e to persons, equipm e school facilities. epairs. SESSION, OR IF A 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	BLACK SEAL CI	
Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does no At the end of each activity the THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN Dignature of Applicant	on complies with Federal in the Board assumes no rest not apply to groups and the custodian is to be notified NCELLED DUE TO SCH REQUIRED.	and State anti-discrimi sponsibility for damag elr members using the d of any appropriate re NOOL NOT BEING IN	e to persons, equipm e school facilities. epairs. SESSION, OR IF A 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	BLACK SEAL CI	
Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does no At the end of each activity the THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN	on complies with Federal in the Board assumes no rest not apply to groups and the custodian is to be notified NCELLED DUE TO SCH REQUIRED.	and State anti-discrimi sponsibility for damag elr members using the d of any appropriate re NOOL NOT BEING IN	e to persons, equipm e school facilities. epairs. SESSION, OR IF A 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	BLACK SEAL CI	
Franklin Township Board of E The above-named organization The applicant understands the The Board's insurance does no At the end of each activity the THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN Signature of Applicant Action Taken by Board of Education	on complies with Federal is ne Board assumes no rest not apply to groups and th custodian is to be notified NCELLED DUE TO SCH REQUIRED.	and State anti-discrimi aponsibility for damag elr members using the d of any appropriate re ROOL NOT BEING IN Approv Date	e to persons, equipm e school facilities. epairs. I SESSION, OR IF A 	BLACK SEAL CI	