	Qua	P.O. Box 368, Rt. akertown, New Jerse			
	FA	CILITY USE APPLI	CATION	: 	
Franklin TOWN Name of Organization/Sponsor JOANNE HYLA Responsible Party		class cland k	d Pittst	III According to Policy) FOWN 08867 Phone#	908-730-7912
Alternate Responsible Party	Street Addres	ss Town	Zip	Phone#	
FACILITY REQUESTED:		,			
New APR	Baseball Field	Other			
Old APR rainy day	Soccer Field	/			
Classroom(s) # _/	Softball Field		end Custodian Need	led: Yes	
Gymnasium	Solar Field	(\$30	per hour)	No	
PURPOSE: <u>+D</u> <u>GAVE</u> ACTIVITIES: <u>IN <u>d</u>OOF EQUIPMENT (in house/supplie</u>	<u>townskip</u> Toutdoor g ed):	ames, c	vn drgan. va 14 s	ized play	
FACILITIES MODIFICATION (d	2000 810 916 1	rol·	• the first state of the state		
TAGETTES MODIFICATION (C			$e_{ij} \hat{f}_{ij}$		
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
July 10-21	8-30-12-30	8:30-12:3	150	STREET PLAN	
	M-F	- 11 - 12 -	2		
 Applicant has received and re regulations. 	8 a 1 a a		Yes_	_No	es and
Does this activity require waiv	E 1 a 2	2 II.	K. 87, 654107	No <u>v</u>	
Are any games of chance bein If yes, State Reg. #		al Dormit #	Yes	No	
CERTIFICATE OF INSURAN			Yes	No ON RECORD	dat township
Franklin Township Board of Education				malinsured build	at at township
The above-named organizatio					
 The applicant understands th The Board's insurance does n 	e Board assumes no resp	onsibility for damag	je to persons, equip	ment or vehicles related t	o the function.
At the end of each activity the					
• THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN	NCELLED DUE TO SCHO	OOL NOT BEING IN	I SESSION, OR IF A	A BLACK SEAL CUSTOD	IAN CANNOT
1101	Allad		1.16.1	7	-
Signature of Applicant	1000	and the second	Date	Les anno 1997 - Constantino de la constante de	×
Action Taken by Board of Educa	tion on: Date	Аррго	vedNot Appr	roved	
e soul states and sources	a 5 = = =				
Superintendent or Designee		Date			
Comments:					-
Deidandi Ostahar 0016					

FRANKLIN TOWNSHIP BOARD OF EDUCATION

		N TOWNSHIP BOARD P.O. Box 368, Rt.	579		
		Duakertown, New Jerso FACILITY USE APPLI		1 <u>C</u> 3	
Hunterdon Hor	\∕S		e Circle One:		
Name of Organization/Sponso	oring Organization		of Organization (A	ccording to Policy)	in ca a L'Acht
HOLON HOUSLE Responsible Party	Y 8 APG		stern NJ	<u> 68</u> 867. Phone#	908.39
Katie Techene		Croton Rd Flo		67822 968.31	5.3847
Alternate Responsible Party	Street Add			Phone#	
FACILITY REQUESTED:					
New APR	Baseball Field	Other	eenti inter Tite State Bal		
Classroom(s) #	Softball Field	Week	end Custodian Need	ed: Yes 🖌	
Gymnasium			per hour)	No	
PURPOSE: BOOKetsa		N			
ACTIVITIES:	3coste trall				
FACILITIES MODIFICATION (Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
			# Participants	# Others	
Date(s) Requested		Hours			
Date(s) Requested 4 22 4 23 • Applicant has received and re	Day(s) of Week Sat ຽນກ	Hours 1am-Zon Tan-Zon	50 SD of School Facilities	2.0 2.0 and agrees to abide by n	ules and
Date(s) Requested 4/22 4/23 • Applicant has received and re regulations.	Day(s) of Week Sat ຽນກ ead Board of Education F	Hours 10M - Zon 10M - Zon Policy pertaining to Use	50 50 of School Facilities Yes	20 20 and agrees to abide by n No	ules and
Date(s) Requested 4 22 4 23 • Applicant has received and re	Day(s) of Week Sat Svつ ead Board of Education F wing of any Board policie	Hours 10M - Zon 10M - Zon Policy pertaining to Use	50 50 of School Facilities Yes Yes	2.0 2.0 and agrees to abide by n	Jesand
Date(s) Requested 4/22 4/23 • Applicant has received and re- regulations. • Does this activity require wai	Day(s) of Week Sat- Sur- ead Board of Education F wing of any Board policie ng held?	Hours 10M - Zon 10M - Zon Policy pertaining to Use	50 50 of School Facilities Yes Yes	2.0 2.0 and agrees to abide by n No No X	Jes and
Date(s) Requested 4/22 4/23 • Applicant has received and regulations. • Does this activity require wai • Are any games of chance bei If yes, State Reg. # • CERTIFICATE OF INSURAN	Day(s) of Week	Hours 10m - Zon 10m - Zon 20licy pertaining to Use 20s? .ocal Permit # DPY)	50 of School Facilities Yes Yes Yes Yes	2-0 2-0 and agrees to abide by n No No No No	Jes and
Date(s) Requested 4/22 4/23 • Applicant has received and re- regulations. • Does this activity require wai • Are any games of chance bei if yes, State Reg. # • CERTIFICATE OF INSURAN • Franklin Township Board of E	Day(s) of Week SQL SVD ead Board of Education F wing of any Board policie ing held? L NCE ATTACHED (OR CO Education must be named	Hours 10m - 2m 10m - 2m 20licy pertaining to Use as? .ocal Permit # 	50 50 of School Facilities : Yes Yes Yes Yes Yes	2-0 2-0 and agrees to abide by n No No_X No_X	Jes and
Date(s) Requested 4/22 4/23 Applicant has received and reregulations. Does this activity require wai Are any games of chance beil if yes, State Reg. # CERTIFICATE OF INSURANT Franklin Township Board of E The above-named organization	Day(s) of Week SQL SVD ead Board of Education F wing of any Board policie ing held? L NCE ATTACHED (OR CC Education must be named on complies with Federal	Hours 10m - 2m 10m - 2m 20licy pertaining to Use as? 0cal Permit # DPY) 1 in the users insurance and State anti-discrim	50 of School Facilities : Yes Yes Yes Yes Yes Yes Yes Yes	$\frac{2}{2}$ and agrees to abide by r No No No No No No nal insured.	
Date(s) Requested 4/22 4/23 • Applicant has received and re- regulations. • Does this activity require wai • Are any games of chance bei if yes, State Reg. # • CERTIFICATE OF INSURAN • Franklin Township Board of E	Day(s) of Week SQJ SV ead Board of Education F wing of any Board policie ng heid? NCE ATTACHED (OR CC Education must be named on complies with Federal ne Board assumes no re	Hours 10m - Zon 10m - Zon 20licy pertaining to Use as? 0 cal Permit # DPY) 1 in the users insurance and State anti-discrim asponsibility for damage	of School Facilities Yes Yes Yes Yes Policy as an addition inatory laws. He to persons, equip	$\frac{2}{2}$ and agrees to abide by r No No No No No No nal insured.	
Date(s) Requested 4/22 4/23 Applicant has received and reregulations. Does this activity require wai Are any games of chance being the state regulations. CERTIFICATE OF INSURANT Franklin Township Board of E The above-named organization The applicant understands the state sta	Day(s) of Week	Hours Ho	50 50 of School Facilities Yes Yes Yes Yes Yes Yes School facilities.	$\frac{2}{2}$ and agrees to abide by r No No No No No No nal insured.	
Date(s) Requested 4/22 4/23 • Applicant has received and regulations. • Does this activity require wai • Are any games of chance bei 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 read	Day(s) of Week SQL SVD ead Board of Education F wing of any Board policie ing held? L NCE ATTACHED (OR CC Education must be named on complies with Federal the Board assumes no re- not apply to groups and the o custodian is to be notifie NCELLED DUE TO SC	Hours 10M - 20 10M - 20 10M - 20 Policy pertaining to Use as? Decal Permit # DPY) d in the users insurance and State anti-discrim esponsibility for damagnetic members using the d of any appropriate me	50 50 of School Facilities Yes Yes Yes Yes Yes Yes Yes Y	2.0 2.0 and agrees to abide by n No X No X No X nal insured.	to the funct
Date(s) Requested 4/22 4/23 Applicant has received and reregulations. Does this activity require wai Are any games of chance beiling yes, State Reg. # CERTIFICATE OF INSURANT Franklin Township Board of E The above-named organization The applicant understands the Board's Insurance does reserved. At the end of each activity the THIS ACTIVITY MAY BE CA	Day(s) of Week SQL SVD ead Board of Education F wing of any Board policie ing held? L NCE ATTACHED (OR CC Education must be named on complies with Federal the Board assumes no re- not apply to groups and the o custodian is to be notifie NCELLED DUE TO SC	Hours 10M - 20 10M - 20 10M - 20 Policy pertaining to Use as? Decal Permit # DPY) d in the users insurance and State anti-discrim esponsibility for damagnetic members using the d of any appropriate me	50 50 of School Facilities Yes Yes Yes Yes Yes Yes Yes Y	2.0 2.0 and agrees to abide by n No X No X No X nal insured.	to the funct
Date(s) Requested 4/22 4/23 • Applicant has received and re- regulations. • Does this activity require wai • Are any games of chance bei- 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 • THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN	Day(s) of Week SQL SQL ead Board of Education F wing of any Board policie ng held? L NCE ATTACHED (OR CC Education must be named on complies with Federal ne Board assumes no re not apply to groups and the o custodian is to be notifie NCELLED DUE TO SCI PROVIDED.	Hours 10M - 20 10M - 20 10M - 20 Policy pertaining to Use as? Decal Permit # DPY) d in the users insurance and State anti-discrim esponsibility for damagnetic members using the d of any appropriate me	of School Facilities Yes Yes Yes Yes Yes Policy as an additio inatory laws. Je to persons, equipule e school facilities. epairs. I SESSION, OR IF A) / 9 Date	20 20 and agrees to abide by m No No No No No Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo	to the funct

			XI.D.I	ι.
FRANK	P.O. Box 368,			
	Quakertown, New			
	FACILITY USE AF	PLICATION	\sim	
Alternate Responsible Party Street	Address Address Address T	VAL Pittstown	(II) III coording to Policy) 09867 008 Phone# 09867 009-7 Phone#	B5-029] 35-029]
FACILITY REQUESTED: New APR Baseball Field	0	other Meater 1	Im-Auditoriu	\hat{m}
Old APR Soccer Field Classroom(s) # Softball Field Gymnasium Solar Field		Veekend Custodian Need \$30 per hour)	ed: Yes No	
PURPOSE:_	-	monthly p	ack meeting	2
ACTIVITIES:	Dehaus			
FACILITIES MODIFICATION (decorations, more	Ill IIII (1110)	<u></u>		
Date(s) Requested Day(s) of Week	Hours	# Participants	# Others	
		 	<u></u> .	
The 3rd Thursday of	every month	-60-70 20-30	for Park me	\mathbf{O}
 Applicant has received and read Board of Educat regulations. 		103 <u>V</u>	····	es and
 Does this activity require waiving of any Board p 	olicies?	Yes		
 Are any games of chance being held? 		Yes	No	
If yes, State Reg. #		Yes	No	
CERTIFICATE OF INSURANCE ATTACHED (O	R COPT)		nal insured.	
Franklin Township Board of Education must be n				
 The above-named organization complies with Fe The applicant understands the Board assumes 	no responsibility for (amage to persons, equip	ment or vehicles related t	o the function.
The Board's insurance does not apply to groups	and their members us	ng the school admines.		
At the end of each activity the custodian is to be a		NO NU RECCION OR IE		IAN CANNOT
THIS ACTIVITY MAY BE CANCELLED DUE TO BE IN ATTENDANCE WHEN REQUIRED. Signature of Applicant) C Date	1/17	
Action Taken by Board of Education on: Date Carol A. H. H. Superintendent or Designee	Date	approvedNot App	roved	

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Comments:

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	FRANKLIN	P.O. Box 368, Rt. 5			
	G	uakertown, New Jerse	y 08868		
	<u>F</u>	ACILITY USE APPLIC	ATION		
RURAL AWARE	NESS, INC.		Circle One:		
Name of Organization/Sponso				According to Policy)	8
LORA W. JONES Responsible Party	5 7 SPRING HIL Street Add		ALE · NT 082 Zip	<u>901 · 508 · 155</u> Phone#	· 4271
BODOKS DURBIN	285 WHITE BRI		•	T 08868 . 90	8 • 735 • 5364
Alternate Responsible Party	Street Add		Zip	Phone#	
FACILITY REQUESTED:					
New APR	Baseball Field	Other_	1837 (NE.	<u>ROOM SCHOOL</u>	HOUSE
Old APR	Soccer Field		۹.		
Classroom(s) #	Softball Field		nd Custodian Nee	ded: Yes	
Gymnasium	Solar Field	(\$30 p	ər hour)	No V	
PURPOSE: OPEN SCH	OULHOUSE TO T	HE COMMU	UITY FOR T	nues	
ACTIVITIES: SHUUIUG		•			
EQUIPMENT (in house/suppl					ARK DAV
	•			- <u></u>	
FACILITIES MODIFICATION (decorations, more furni	ture):			
Date(s) Requested	Day(s) of Week	Hours	# Participants	# Others	
29 MAY 2017	MOUDAY,	MPPAN, 10:15	4	EST. GUESTS	: 50
	MEMORINEDA	4 TU 1: vopin			
Applicant has received and			of School Facilities	and agrees to abide	by rules and
regulations.			Yes_V	No	
Does this activity require wai	iving of any Board policie	s?	Yes	_No_	
Are any games of chance bei	ing held?		Yes	_No_	
If yes, State Reg. #	L	ocal Permit #			. Dr barbaua
CERTIFICATE OF INSURATION	NCE ATTACHED (OR CO	PY)	Yes <u>v</u>		L BE RENEWED 1217-29, 2017
 Franklin Township Board of E 	Education must be named	in the users insurance	policy as an additi	onal insured.	
 The above-named organizati 	on complies with Federal	and State anti-discrimi	natory laws.		
The applicant understands the Board's insurance does				pment or vehicles rela	ated to the function.
 At the end of each activity the 		0			
-					
 THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN 		HOOL NOT BEING IN	SESSION, OR IF	A BLACK SEAL CU	STUDIAN CANNUT
_ InallAnd	12-	ي اند دين	FEB 201	7	
Signature of Applicant			Date	/	
Action Taken by Board of Educ	ation on: Date	Approv	edNot App	proved	· · · · · · · · · · · · · · · · · · ·
Superintendent or Designee		Date			
Comments:					
Revised: October 2016					

() STARTS AFTER MEMORIAL SERVICE BY FIRE COMPANY @ 9.30 MM

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FRANKLIN TOWNSHIP BOARD OF EDUCATION

P.O. Box 368, Rt. 579 Quakertown, New Jersey 08868

FACILITY USE APPLICATION

PTA /		Pleas	e Circle One:		
Name of Organization/Sponsori	ng Organization	Class	of Organization		
Jennie Thun Responsible Party	Nann PTA Street Addres	<u>) Cauila</u> ss Town		HStown No Phone#	008867
Álternate Responsible Party	Street Addres	ss Town	Zip	Phone#	
FACILITY REQUESTED:					
New APR	Baseball Field	Other			
Old APR	Soccer Field				
Classroom(s) #	Softball Field			eeded: Yes	
Gymnasium	Solar Field	(\$30 ¢	ber hour)		
ACTIVITIES: PREAK	<u>ACROSS AME</u>				
EQUIPMENT (in house/supplie	ed): -TABLES (OPERED -	3 Servino	+ables Se	HUP
FACILITIES MODIFICATION (d					- (
Date(s) Requested	Day(s) of Week	Hours	# Participants	s # Others	
3/2/17	Thursday	630-9am	TBD	· · · ·	
 Applicant has received and re regulations. 	ad Board of Education Poli	icy pertaining to Use	e of School Facili Yes		by rules and
Does this activity require waiv	ving of any Board policies?	2	Yes	No_ <u>>>></u>	
Are any games of chance beir	ıg held?		Yes	No_K	
If yes, State Reg. #	Loc	al Permit #			
CERTIFICATE OF INSURAN	CE ATTACHED (OR COP	Y)	Yes	No	
Franklin Township Board of E	ducation must be named ir	the users insuranc	e policy as an ac	lditional insured.	
The above-named organization	n complies with Federal ar	nd State anti-discrim	inatory laws.		
The applicant understands th The Board's insurance does n					elated to the function.
· At the end of each activity the	custodian is to be notified	of any appropriate r	epairs.		
• THIS ACTIVITY MAY BE CA BE IN ATTENDANCE WHEN		DOL NOT BEING I	N SESSION, OR	IF A BLACK SEAL C	USTODIAN CANNOT
(Jugs			2/14	17	
Signature of Applicant			Date	9	
Action Taken by Board of Educa	tion on: Date	Appro	wedNot	Approved	
Superintendent or Designee		Date			
Comments:					
Revised: October 2016					

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

FACILITY USE APPLICATION

Booster	-			e Circle One:		
Name of Organization/Spo	nsoring Organiz	zation	Class	of Organization	According to Polic	/)
Responsible Party		Street Addres	s Town	Zip	Phone	#
Alternate Responsible Part	/	Street Addres	s Town	Zip	Phone	#
REQUESTS FOR USE MU	ST BE RECEIV	ED BY:	FACILITY REC	QUESTED:		
July 1 For Scho	ol Year Activity	Sept-June	New APR/Old	1	all Field	
July 1 Fall Spor	s Season	Sept-Dec	Classroom(s)	# Soccei	Field	
Nov. 1 Winter S	orts Season	Jan-Mar	Gymnasium	Softba	ll Field	
Feb. 1 Spring Sp	orts Season	Apr-June				
May 1 Summer PURPOSE: Spor ACTIVITIES:	use ts Beu	July-Aug nguet				
ACTIVITIES:		L'uno I	liccoma	- Sona	(the col	- Bastidast
EQUIPMENT (in house/su	pplied): 10	anor p	<u>anci o prior</u>	le j stric	- J	
FACILITIES MODIFICATIO	N (decoration	s, more furnitur	e): all to	ables	Set up	TK, tchen U
Date(s) Requested	Day(s)	of Week	Hours	# Participants	# Others	
5/31/17	h)	465-830	150		
 Applicant has received as regulations. Does this activity require 			cy pertaining to Use	e of School Facilitie Yes_⊻ Yes		de by rules and
 Are any games of chance 	50 ED 20 BECK			and a second	No	
If yes, State Reg. #	12201	Loca	al Permit #	The second s		
CERTIFICATE OF INSU					No Gnf	The
 Franklin Township Board 					/	
 The above-named organi 					ional modred.	*
The applicant understand The Board's insurance do	is the Board as	ssumes no respo	onsibility for damag	je to persons, equ	ipment or vehicles	related to the function.
 At the end of each activity 	the custodian i	s to be notified o	f any appropriate r	epairs.		
THIS ACTIVITY MAY BE BE IN ATTENDANCE W	TEN REQUIRE	D.	ol not being in	I SESSION, OR IF	A BLACK SEAL	CUSTODIAN CANNOT
	Ceee			6		
Signature of Applicant				Date		
	ducation on: [)ate	Appro	vedNot Ap	proved	
Action Taken by Board of E						
Action Taken by Board of E 	t an e den an e den e de		Date			

FRANKLIN TOWNSHIP BOARD OF EDUCATION
P.O. Box 368, Rt. 579
Quakertown, New Jersey 08868
FACILITY USE APPLICATION
National (goriasis foundation Please Circle One: 1 11 (11)
Name of Organization/Sponsoring Organization Class of Organization (According to Policy)
Chris Polansky 6600 SW 92nd Ave Soite 300 Portland OR 97223 503-546-8417
Responsible Party / Street Address Town Zip Phone#
Alternate Responsible Party Street Address Town Zip Phone#
FACILITY REQUESTED:
New APR Baseball Field Other Darking lot
Old APR Soccer Field
Classroom(s) # Softball Field Weekend Custodian Needed: Yes
Gymnasium Solar Field (\$30 per hour)
PURPOSE: rest stop for Team NPF Cycle event in NJ
ACTIVITIES: Cyclists will be stopping for water/snack break
EQUIPMENT (in house/supplied): we will supply 2 loxlo tent, tables, chairs, and 1-2 porto-tailets
FACILITIES MODIFICATION (decorations, more furniture): $-\frac{1}{2}$
Date(s) Requested Day(s) of Week Hours # Participants # Others
5/19/17 Fri pm 0
5/20/17 52t. 62-6p 200
 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
Are any games of chance being held? YesNo
If yes, State Reg. # Local Permit #
· CERTIFICATE OF INSURANCE ATTACHED (OR COPY) 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 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-GANCELLED DUE TO SCHOOL NOT BEING IN SESSION, OR IF A BLACK SEAL CUSTODIAN CANNOT BE IN ATTENDANCE WHEN REQUIRED.
130/17
Signature of Applicant Date
Action Taken by Board of Education on: DateApprovedNot Approved
Superintendent or Designee Date
Comments:
Revised: October 2016

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

Quakertown, New Jersey 08868

FACILITY USE APPLICATION

Feb. 1 Spring Sports Season Apr-June May 1 Summer Use July-Aug Other PURPOSE: FUN FUN Fun ACTIVITIES: DOWNY, interactives, confis, gamua EQUIPMENT (in house/supplied): Galanty pulls, tables, confis, confis, for the supplied of the supplice of the supplied of the supplied of the supp	ED: Zip ED: Baseball Field Soccer Field Softball Field Aurs, extended My articipants Students u nool Facilities and ag	Ensim cords
Responsible Party Street Address Town Alternate Responsible Party Street Address Town REQUESTS FOR USE MUST BE RECEIVED BY: FACILITY REQUES: July 1 For School Year Activity Sept-June July 1 For School Year Activity Sept-June July 1 Fall Sports Season Sept-Dec Classroom(s) # July 1 Fall Sports Season Jan-Mar Gymnasium Feb. 1 Spring Sports Season Apr-June May 1 Summer Use July-Aug Other PURPOSE: FUM Ful Ful PURPOSE: FUM Ful Catholic Actives FACILITIES MOMAY, Mtend(five), ful/s, FACILITIES MODIFICATION (decorations, more furniture): out57 de Date(s) Requested Day(s) of Week Hours # F JUML 13, 2017 11 11 In • Applicant has received and read Board of Education Policy pertaining to Use of Sc regulations. Sc regulations. • Does this activity require waiving of any Board policies? Are any games of chance being held? If yes	Zip Zip ED: Baseball Field Soccer Field Softball Field Aurs, exh My articipants Students Lu In Nool Facilities and ag	Phone# Phone# X Grassaula X behind School ensim cercls # Others
REQUESTS FOR USE MUST BE RECEIVED BY: FACILITY REQUEST July 1 For School Year Activity Sept-June New APR/Old APR	ED: Baseball Field Soccer Field Softball Field Field Mars, extended Mars, extended Mars	x Grows alla x behind school ensim conds # Others
July 1 For School Year Activity Sept-June New APR/Old APR_ July 1 Fall Sports Season Sept-Dec Classroom(s) #	Baseball Field Soccer Field Softball Field Softball Field Mars, Extended Mars, Ex	ensim ends
July 1 Fall Sports Season Sept-Dec Classroom(s) # Nov. 1 Winter Sports Season Jan-Mar Gymnasium Feb. 1 Spring Sports Season Apr-June May 1 Summer Use July-Aug Other PURPOSE: FUM Fair ACTIVITIES: DOWNGY, interditives, counties, gamma EQUIPMENT (in house/supplied): Gamma Gamma FACILITIES MODIFICATION (decorations, more furniture): out5ide Date(s) Requested Day(s) of Week Hours # F Jume 13, 2017 1' 1' • Applicant has received and read Board of Education Policy pertaining to Use of Sc regulations. • Does this activity require waiving of any Board policies? • Are any games of chance being held? If yes, State Reg. # Local Permit #	Soccer Field Softball Field Softball Field have set to be a soft why have set to be a soft a soft of the soft of the soft why negative set to be a soft of the	ensim ends
Nov. 1 Winter Sports Season Jan-Mar Gymnasium Feb. 1 Spring Sports Season Apr-June May 1 Summer Use July-Aug Other	Softball Field	ensim ends
Feb. 1 Spring Sports Season Apr-June May 1 Summer Use July-Aug Other	, fract hairs, exte nly articipants students aculty u	ensim ands
May 1 Summer Use July-Aug Other PURPOSE: FUM Fair ACTIVITIES: DOWNY, interactives, confis, game ACTIVITIES: DOWNY, interactives, confis, game EQUIPMENT (in house/supplied): Game fully-Aug FACILITIES MODIFICATION (decorations, more furniture): Outside confis Date(s) Requested Day(s) of Week Hours # F June 13, 2017 11 11 • Applicant has received and read Board of Education Policy pertaining to Use of Sc regulations. • Does this activity require waiving of any Board policies? • Are any games of chance being held? If yes, State Reg. # Local Permit #	nairs, exte Ny articipants Stucents acut m u	# Others
PURPOSE: Fun Fair ACTIVITIES: DAUNCY, interactives, curfts, game EQUIPMENT (in house/supplied): GAMAY PULS, tuble; FACILITIES MODIFICATION (decorations, more turniture): OutSide Date(s) Requested Day(s) of Week Hours # F June GH 2017 Theoday 8 am - 3 pm June 13, 2017 It It • Applicant has received and read Board of Education Policy pertaining to Use of Sc regulations. • Does this activity require waiving of any Board policies? • Are any games of chance being held? If yes, State Reg. # • CERTIFICATE OF INSURANCE ATTACHED (OR COPY)	nairs, exte Ny articipants Stucents acut m u	# Others
ACTIVITIES: DOWNY, interactives, cutts, games EQUIPMENT (in house/supplied): Games for the second secon	nairs, exte Ny articipants Stucents acut m u	# Others
EQUIPMENT (in house/supplied): gally pulls, tables, call FACILITIES MODIFICATION (decorations, more furniture): outside call Date(s) Requested Day(s) of Week Hours #F June 64 2017 Theoday Sam 3pm 77 June 64 2017 Theoday Sam 3pm 77 June 13, 2017 II I Hours #F Object of the system Object of the system June 64 2017 Theoday Sam 3pm 77 June 13, 2017 II III Object of the system	nairs, exte Ny articipants Stucents acut m u	# Others
FACILITIES MODIFICATION (decorations, more furniture):MSICE Date(s) Requested Day(s) of Week Hours # F June June June Theoday Sam - 3pm T June J3, 2017 It It It It • Applicant has received and read Board of Education Policy pertaining to Use of Sc regulations. • Does this activity require waiving of any Board policies? • Are any games of chance being held? If yes, State Reg. # Local Permit # • CERTIFICATE OF INSURANCE ATTACHED (OR COPY)	nly articipants Stuckints aculty 11 10001 Facilities and ac	# Others
FACILITIES MODIFICATION (decorations, more furniture):MSICE Date(s) Requested Day(s) of Week Hours # F JUML GM2017 Twoday Sam 3pm F7 JUML 13, 2017 I' II • Applicant has received and read Board of Education Policy pertaining to Use of Sc regulations. • Does this activity require waiving of any Board policies? • Are any games of chance being held? If yes, State Reg. # Local Permit #	articipants Students acul ty II Nool Facilities and ac	
Date(s) Requested Day(s) of Week Hours # F Jume 64/2017 Twoday 8 am - 3 pm F7 Jume 13, 2017 11 11 • Applicant has received and read Board of Education Policy pertaining to Use of Sc regulations. • Does this activity require waiving of any Board policies? • Are any games of chance being held? If yes, State Reg. # Local Permit # • CERTIFICATE OF INSURANCE ATTACHED (OR COPY)	articipants Students acul ty II Nool Facilities and ac	
June 64-2017 Theoday 8:am - 3pm F7 June 13, 2017 1' 1' • Applicant has received and read Board of Education Policy pertaining to Use of Sc regulations. • Does this activity require waiving of any Board policies? • Are any games of chance being held? If yes, State Reg. # Local Permit # • CERTIFICATE OF INSURANCE ATTACHED (OR COPY)	Students aculty 11	
June Gradination Thubday Same Spin F June 13, 2017 11 11 • Applicant has received and read Board of Education Policy pertaining to Use of Sc regulations. • Does this activity require waiving of any Board policies? • Are any games of chance being held? If yes, State Reg. # Local Permit # • CERTIFICATE OF INSURANCE ATTACHED (OR COPY)	nool Facilities and ag	grees to abide by rules and
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 Are any games of chance being held? If yes, State Reg. # Local Permit # CERTIFICATE OF INSURANCE ATTACHED (OR COPY) 	Yes_X_No	
If yes, State Reg. #Local Permit #Local Permit #	YesNo	×
• CERTIFICATE OF INSURANCE ATTACHED (OR COPY)	YesNo	X
		<i>p</i>
Franklin Township Board of Education must be named in the users insurance polic	YesNo	× online
	as an additional ins	sured.
\cdot The above-named organization complies with Federal and State anti-discriminatory	laws.	
 The applicant understands the Board assumes no responsibility for damage to p The Board's insurance does not apply to groups and their members using the scho 		or vehicles related to the function.
• 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 SES BE IN ATTENDANCE WHEN REQUIRED.	ION, OR IF A BLA	CK SEAL CUSTODIAN CANNOT
Chedle 2	/10/17 Date	
Signature of Applicant	Date	
Action Taken by Board of Education on: DateApproved	Not Approved	
Superintendent or Designee Date		
Comments:		