

Granton Area School District

Nancy Popp
District Administrator
715-238-7292

Amanda Kraus
4K-12 Principal
715-238-7175



FACILITY USE REQUEST

Name of Organization _____

Number of Participants _____

Type of Room Needed _____

Other Equipment Requested _____

Activities that will be done _____

Dates and Times Requested _____

Person Making Request, Phone Number, & Email _____

Person Responsible _____

If approved for use, the above organization agrees the person in charge of the meeting(s) will be 21 years of age or older. It is also agreed the room(s) will be clean when finished and left in the same condition as when entered. Failure to do so, may result in the denial of further use.

District Administrator Signature & Date _____