

# SAINT GEORGE GREEK ORTHODOX CHURCH



METROPOLIS OF  
SAN FRANCISCO

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VERY REVEREND JOHN E. CONSTANTINE  
ARCHIMANDRITE

## FACILITY USE REQUEST FORM

**Date Of Request:** \_\_\_\_\_

**Ministry or Organization:** \_\_\_\_\_

**Type of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Recurring:** Yes / No

**Start Time:** \_\_\_\_\_ **Ending Time:** \_\_\_\_\_

**Facilities To Be Used:** \_\_\_\_\_

**Person Requesting:** \_\_\_\_\_

**Contact Phone / Email:** \_\_\_\_\_

**Person Responsible:** \_\_\_\_\_

**Contact Phone / Email:** \_\_\_\_\_

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### OFFICE USE ONLY

#### Parishioner Services:

Date Received: \_\_\_\_\_

APPROVED By: \_\_\_\_\_

Notified Requester: Yes / No

NOT APPROVED Reason: \_\_\_\_\_

Notified Requester: Yes / No

Optional Dates / Times Available: \_\_\_\_\_

**Calendar Entry Date:** \_\_\_\_\_