

# FLAG RAISING & PROCLAMATION REQUEST FORM

I am requesting the following (please select all that apply):

- Flag Raising (Complete Parts 1-3, Parts 5 & 6, Annex A, Annex B)
- Proclamation (Complete Parts 1-4)

## PART 1: ORGANIZATION DETAILS

**ORGANIZATION NAME**

ImmUnity Canada

**ORGANIZATION TYPE**

Charitable (#816034276 RR0001)

## PART 2: REQUESTER DETAILS

**LAST NAME OR SINGLE NAME**

DIMONDO

**FIRST NAME**

ANGELA

**STREET ADDRESS**

[REDACTED]

**APT/UNIT NUMBER**

**CITY/TOWN**

[REDACTED]

**PROVINCE**

[REDACTED]

**POSTAL CODE**

[REDACTED]

**EMAIL ADDRESS**

[REDACTED]

**TELEPHONE NUMBER**

[REDACTED]

## PART 3: ALTERNATE CONTACT DETAILS

**LAST NAME OR SINGLE NAME**

JOSEY

**FIRST NAME**

DAVID

**STREET ADDRESS**

[REDACTED]

**APT/UNIT NUMBER**

[REDACTED]

**CITY/TOWN**

[REDACTED]

**PROVINCE**

[REDACTED]

**POSTAL CODE**

[REDACTED]

**EMAIL ADDRESS**

info@immunitycanada.org

**TELEPHONE NUMBER**

[REDACTED]

## PART 4: PROCLAMATION REQUEST DETAILS

**CAUSE/EVENT/COMMEMORATION TO BE PROCLAIMED** (*Written as you want it to be Declared by Council*)

World Primary Immunodeficiency Week Date: April 22nd - 29th April 2023

DAY

WEEK

MONTH

## PART 5: FLAG RAISING DETAILS

**CAUSE/EVENT/COMMEMORATION TO BE RECOGNIZED**

World Primary Immunodeficiency Week.

**FLAG TO BE RAISED** (*Please attach an image of the flag to this form*)

**ANTHEM OR MUSIC TO BE PLAYED** (*If required*)

**WILL THERE BE A PUBLIC EVENT AT CITY HALL FOLLOWING THE FLAG RAISING CEREMONY?**

**YES** - To book an appropriate space at City Hall and required equipment following the ceremony, please contact Recreation Services by telephone at (905) 832-8500 or by email at [RecCSD@vaughan.ca](mailto:RecCSD@vaughan.ca).

**NO**

## PART 6: PUBLIC CEREMONY DETAILS

The City of Vaughan endeavors to accommodate the requestor's preferred date, however it is **NOT GUARANTEED**. To assist in scheduling your public ceremony, we ask you to designate up to 3 alternate dates for booking.

**PREFERRED CEREMONY DATE**

**ALTERNATE CEREMONY DATE 1**

**ALTERNATE CEREMONY DATE 2**

**ALTERNATE CEREMONY DATE 3**

**TIME OF DAY PREFERENCE**

**AM (09:00 a.m. – 12:00 p.m.)**

**PM (12:00 p.m. – 4:00 p.m.)**