

# 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 PROCL)

## 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.)**