ATTACHMENT 4



FLAG RAISING & PROCLAMATION REQUEST FORM

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l 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		
PART 2: REQUESTER DETAILS		
LAST NAME OR SINGLE NAME	FIRST NAME	
DIMONDO	ANGELA	
STREET ADDRESS		APT/UNIT NUMBER
CITY/TOWN	PROVINCE	POSTAL CODE
EMAIL ADDRESS	TELEPHONE NUMBER	
LIMAIL ADDRESS	,	
PART 3: ALTERNATE CONTACT DETAILS		
LAST NAME OR SINGLE NAME	FIRST NAME	
Goulstone	Whitney	
STREET ADDRESS		APT/UNIT NUMBER
CITY/TOWN	PROVINCE	POSTAL CODE
EMAIL ADDRESS	TELEPHONE NUMBER	
info@immunitycanada.org	250-381-7134	

PART 4: PROCLAMATION REQUEST DETAILS			
CAUSE/EVENT/COMMEMORATION TO BE PROCLAIMED (Written as you want it to be Declared by Council)			
WORLD PI (PRIMARY IMMUNODEFICIENCIES) WEEK APRIL 22-29, 2024			
O DAY	WEEK MONTH		
PART 5: FLAG RAISING DETAILS			
CAUSE/EVENT/COMMEMORATION TO BE RECOGNIZED			
In 2024, the focus is about access to care for all PI patients, everywhere – to make early diagnosis &a			
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. 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.)		