ATTACHMENT 2



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			
Coaches Association of Ontario			
ORGANIZATION TYPE			
Not-for-profit		•	
PART 2: REQUESTER DETAILS			
LAST NAME OR SINGLE NAME	FIRST NAME		
Amos	Matthew		
STREET ADDRESS	I	APT/UNIT NUMBER	
875 Morningside Ave		100	
CITY/TOWN	PROVINCE	POSTAL CODE	
Scarborough	ON	M1C 0C7	
EMAIL ADDRESS	TELEPHONE NUMBER		
matthew@coachesontario.ca	(416) 426-7088		
PART 3: ALTERNATE CONTACT DETAILS			
LAST NAME OR SINGLE NAME	FIRST NAME		
STREET ADDRESS		APT/UNIT NUMBER	
CITY/TOWN	PROVINCE	POSTAL CODE	
	ON		
EMAIL ADDRESS	TELEPHONE NUMBER		
	-		

PART 4: PROCLAMATION REQUEST DETAILS			
CAUSE/EVENT/COMMEMORATION TO BE PROCLAIMED (Written as you want it to be Declared by Council)			
National Coaches Week			
O DAY	WEEK MONTH		
PART 5: FLAG RAISING DETAILS			
CAUSE/EVENT/COMMEMORATION TO BE RECO	GNIZED		
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 GUARANTEED . To assist in scheduling your puralternate dates for booking.	te the requestor's preferred date, however it is NOT ublic ceremony, we ask you to designate up to 3		
PREFERRED CEREMONY DATE	ALTERNATE CEREMONY DATE 1		
ALTERNATE CEREMONY DATE 2	ALTERNATE CEREMONY DATE 3		
TIME OF DAY PREFERENCE			
O AM (09:00 a.m. − 12:00 p.m.)	PM (12:00 p.m. – 4:00 p.m.)		