

## 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**

Canadian Amyloidosis Support Network (CASN)

**ORGANIZATION TYPE**

Not-for-profit

### PART 2: REQUESTER DETAILS

**LAST NAME OR SINGLE NAME**

Enright

**FIRST NAME**

Jennifer

**POSITION**

**STREET ADDRESS**

**APT/UNIT NUMBER**

**CITY/TOWN**

**PROVINCE**

**POSTAL CODE**

ON

**EMAIL ADDRESS**

**TELEPHONE NUMBER**

### PART 3: ALTERNATE CONTACT DETAILS

**LAST NAME OR SINGLE NAME**

**FIRST NAME**

**POSITION**

**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)*

DAY

WEEK

MONTH

#### PART 5: FLAG RAISING DETAILS

CAUSE/EVENT/COMMEMORATION TO BE RECOGNIZED

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 - Please note additional permits, fees and charges may apply for extended use of the space and other resources.

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

TIME OF DAY PREFERENCE

AM (09:00 a.m. – 12:00 p.m.)

PM (12:00 p.m. – 4:00 p.m.)

ESTIMATED NUMBER OF ATTENDEES