

## 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**

Down Syndrome Association of York Region

**ORGANIZATION TYPE**

Charitable

### PART 2: REQUESTER DETAILS

**LAST NAME OR SINGLE NAME**

Francescangeli

**FIRST NAME**

Anna

**POSITION**

DSAYR Treasurer

**STREET ADDRESS**

**APT/UNIT NUMBER**

**CITY/TOWN**

Woodbridge

**PROVINCE**

ON

**POSTAL CODE**

**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**

ON

**POSTAL CODE**

**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)*

VAUGHAN Down Syndrome Day

DAY

WEEK

MONTH

**PART 5: FLAG RAISING DETAILS**

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

World Down Syndrome Day

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

DSAYR WDSD Flag

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

n/a

**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**

03/21/2025

**ALTERNATE CEREMONY DATE**

03/20/2025

**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**

30