ATTACHMENT 8



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

York Rehion MY MS FAMILY Organization

ORGANIZATION TYPE

Not-for-profit

PART 2: REQUESTER DETAILS				
LAST NAME OR SINGLE NAME	FIRST NAME			
Busciglio	Peter			
POSITION				
Director of MY MS FAMILY				
STREET ADDRESS		APT/UNIT NUMBER		
CITY/TOWN	PROVINCE	POSTAL CODE		
Richmind Hill	ON			
EMAIL ADDRESS	TELEPHONE NUMBER			
info@mymsfamily.com				
PART 3: ALTERNATE CONTACT DETAILS				
LAST NAME OR SINGLE NAME	FIRST NAME			
Pilkey	Doug			
POSITION				
Director of Awareness and Fundraising				
STREET ADDRESS		APT/UNIT NUMBER		
CITY/TOWN	PROVINCE	POSTAL CODE		
	ON			
EMAIL ADDRESS	TELEPHONE NUMBER			

PRO1 - FLAG RAISING & PROCLAMATION REQUEST FORM

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 To bring awareness of Multiple Sclerosis and the existence of MY MS FAMILY to the City of Vaughan citizens. This will be our 15th year of raising our MS Flag as well creating awareness of MS. FLAG TO BE RAISED (Please atlach an image of the flag to this form) Yes ANTHEM OR MUSIC TO BE PLAYED (If required) Canadian National Anthem at the start of the event 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. O 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	PART 4: PROCLAMATION REQUEST DETAIL	PART 4: PROCLAMATION REQUEST DETAILS			
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