

## 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 Rehon MY MS FAMILY Organization

**ORGANIZATION TYPE**  
Not-for-profit

### PART 2: REQUESTER DETAILS

<b>LAST NAME OR SINGLE NAME</b> Busciglio		<b>FIRST NAME</b> Peter	
<b>POSITION</b> Director of MY MS FAMILY			
<b>STREET ADDRESS</b> [REDACTED]		<b>APT/UNIT NUMBER</b>	
<b>CITY/TOWN</b> Richmind Hill		<b>PROVINCE</b> ON	<b>POSTAL CODE</b> [REDACTED]
<b>EMAIL ADDRESS</b> info@mymfamily.com		<b>TELEPHONE NUMBER</b> [REDACTED]	

### PART 3: ALTERNATE CONTACT DETAILS

<b>LAST NAME OR SINGLE NAME</b> Pilkey		<b>FIRST NAME</b> Doug	
<b>POSITION</b> Director of Awareness and Fundraising			
<b>STREET ADDRESS</b> [REDACTED]		<b>APT/UNIT NUMBER</b>	
<b>CITY/TOWN</b> [REDACTED]		<b>PROVINCE</b> ON	<b>POSTAL CODE</b> [REDACTED]
<b>EMAIL ADDRESS</b> [REDACTED]		<b>TELEPHONE NUMBER</b> [REDACTED]	

#### 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

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 attach 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.

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

05/07/2025

ALTERNATE CEREMONY DATE

05/08/2025

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

15