ATTACHMENT 1

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
Sickle Cell Awareness Group of Ontario

ORGANIZATION TYPE
Charitable

PART 2: REQUESTER DETAILS

LAST NAME OR SINGLE NAME	FIRST NAME
Jang	Chloe

POSITION
Communication Coordinator

STREET ADDRESS	APT/UNIT NUMBER
[redacted]	

CITY/TOWN	PROVINCE	POSTAL CODE
North York,	ON	[redacted]

EMAIL ADDRESS	TELEPHONE NUMBER
communication@sicklecellanemia.ca	[redacted]

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*)

World/National Sickle Cell Day (attached proclamation)

(●) **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	