

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

Flex for Access

ORGANIZATION TYPE

Not-for-profit

PART 2: REQUESTER DETAILS

LAST NAME OR SINGLE NAME

Silver

FIRST NAME

Jess

POSITION

Executive Director

STREET ADDRESS

APT/UNIT NUMBER

CITY/TOWN

Thornhill

PROVINCE

ON

POSTAL CODE

EMAIL ADDRESS

flexforaccess@gmail.com

TELEPHONE NUMBER

PART 3: ALTERNATE CONTACT DETAILS

LAST NAME OR SINGLE NAME

Belmonte

FIRST NAME

Maurizio

POSITION

Board Member, Director

STREET ADDRESS

APT/UNIT NUMBER

CITY/TOWN

Concord

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)*

World Cerebral Palsy Day - **OCTOBER 6, 2025**



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