

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

City of Vaughan, Recreation Services

ORGANIZATION TYPE

Public Institution

PART 2: REQUESTER DETAILS

LAST NAME OR SINGLE NAME

Pellegrini

FIRST NAME

Sarah

POSITION

Administrative Services Representative

STREET ADDRESS

2141 Major Mackenzie Dr

APT/UNIT NUMBER

CITY/TOWN

Vaughan

PROVINCE

ON

POSTAL CODE

L6A1T1

EMAIL ADDRESS

sarah.pellegrini@vaughan.ca

TELEPHONE NUMBER

PART 3: ALTERNATE CONTACT DETAILS

LAST NAME OR SINGLE NAME

Wolczynski

FIRST NAME

Marta

POSITION

Recreation Supervisor, Planning

STREET ADDRESS

2141 Major Mackenzie Dr

APT/UNIT NUMBER

CITY/TOWN

Vaughan

PROVINCE

ON

POSTAL CODE

L6A1T1

EMAIL ADDRESS

marta.wolczynski@vaughan.ca

TELEPHONE NUMBER

PART 4: PROCLAMATION REQUEST DETAILS

CAUSE/EVENT/COMMEMORATION TO BE PROCLAIMED *(Written as you want it to be Declared by Council)*

National Drowning Prevention Week

July 20 - July 26 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