Community Flag Flying and Raising Information Form

Name of Requesting Organization *

Saint Dominique Savio School - École Saint Dominique-Savio

Contact Information

Name *

Jennifer Trenbeth

Home/Cell Phone Number *

Work Phone Number

Please enter your work phone number

Flag Raising and Lowering Date

Please note that the raising and lowering of the flags must take place on a weekday. Flags will be raised by 9:00 a.m. and lowered by 4:00 p.m.

Date of Flag Raising *			Date of Flag Lowering *			
9/22/2022			9/30/2022		#	
Are you having a Ceremony? *			Please enter the date of the Ceremony *		Please enter the Time of the	
*2			9/22/2022		Ceremony * 09:15 AM	2

Purpose of the Event or Occasion *

We will be celebrating the first day that the Franco-Ontario flag was flown in Ontario and commemorating this day by raising the flag. Hopefully we will receive our students from the school and community members at this ceremony this year. We would love to have the flag fly there as long as possible. We will likely run a 'selfie contest' as well, where students and community members can come and participate in a contest to win a prize.

Details of the Event or Occasion *

Around 9:30 am we would arrive and begin our ceremony.

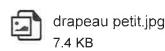
Principal/representative from Saint Dominique Savio will speak and we would love a member of the council or the Mayor to speak as well if possible.

Description of your Organization or Individual including a Brief History and any Other Relevant Information *

École élémentaire et secondaire Saint Dominique Savio - French Catholic school servicing all of Grey and Bruce counties.

Picture of Flag to be Raised *

File Name



Agreement and Approval

By providing your name and today's date in this form, you affirm that the facts set forth in it are true and complete.

The personal information on this form is collected under the authority of the Municipal Act, 2001,

34. 227 and City Policy CMA34. The information is used for the community flag raising process including, but not limited to, evaluating requests for community flags and contacting the requestor.

Name *

Please enter today's date *

Jennifer Trenbeth

5/9/2022



FOR OFFICE USE ONLY

Staff Approval by City Manager or Delegate

Name:

TIM SIMMONDS

Signature:

Date: 5.13.22

Date on Council Consent Agenda: __



