Community Flag Flying and Raising Form

Name of Requesting Organization *

École Saint-Dominique-Savio (CSC Providence)

Contact Information

Name *	Email Address *		
Jennifer Trenbeth	trenjenn@cscprovidence.ca		
Home/Cell Phone Number *	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 Ra	ising *	Date of Flag L	owering	*	
9/25/2023		10/9/2023			
Are you having a Ceremony? *		Date of the Ceremony *		Ceremony Sta *	rt Time
		9/25/2023	曲	09:15 AM	Ø

The ceremony will require:

A Microphone and Speaker System

🔽 A Podium

Greetings from the Mayor

An invitation extended to Mayor and Council

Purpose of the Event or Occasion *

September 25 is the anniversary of the raising of the Franco-Ontarian flag. The flag was raised for the first time on September 25, 1975 at the University of Sudbury. They used a trillium flower to represent Ontario, a fleur-de-lys to represent the French language, the color green to represent summer and white to represent winter. The flag became the official symbol of the province in 2001.

Details of the Event or Occasion *

We will arrange bus transportation for all of the students in our school from kindergarten to grade 12, to come to city hall and watch the flag raising. We will have songs and a prayer prepared for the students to participate in. The ceremony will take approximately half an hour with all of our planned items.

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

We are the only Francophone school in Grey and Bruce, providing French language education for students from junior kindergarten up through grade 12.

Picture of Flag to be Raised *

File Name

Г	-	79	۹.	
Ľ	°	4		
L				
-				

drapeau Franco-Ontario .png 5.0 KB

Insurance Requirements:

Applicants must provide proof of insurance (Insurance Certificate) for the use of facilities owned, rented, occupied or operated by the City of Owen Sound.

Applicants have the following 2 options:

1) Provide a \$2,000,000 Commercial General Liability Certificate naming the City of Owen Sound as an additional insured.

2) Purchase insurance coverage from the City of Owen Sound.

Do you need to purchase insurance for this event? *

Yes

🕞 No

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 *



FOR OFFICE USE ONLY

4

Staff Approval by City Manager or Delegate

Name	Tim	Simn	nond	5	7
Signat		full (N	8	5
Date:	JAN.	16,2	023		

Date on Council Consent Agenda: Sept. 11, 2023

. "