



## FLAG RAISING APPLICATION

(Please complete and submit your completed form to the Town Clerk @ [clerks@richmondhill.ca](mailto:clerks@richmondhill.ca) at least three weeks in advance of the occasion)

Contact Last Name <b>BYRNE</b>		Contact First Name <b>NANCY</b>	
Street Address	City <b>Richmond Hill</b>	Province <b>ONTARIO</b>	Postal Code
Daytime telephone	Evening telephone	Mobile	Email Address <b>info@dsayr.ca</b>
Organization /Group Name <b>DOWN SYNDROME ASSOCIATION OF YORK REGION</b>			
Street Address <b>P.O. Box 2063. Stn B</b>	City <b>Richmond Hill</b>	Province <b>ONTARIO</b>	Postal Code <b>L4E 1A3</b>
Please describe the purpose of the flag display (please note if an attachment is included)			
<b>To promote World Down Syndrome Day</b>			
<b>PLEASE NOTE THAT WE WILL PROOVIDE THE CITY OF 'RICHMOND HILL WITH OUR OWN FLAG.</b>			
Date(s) Requested from <b>MARCH 17, 2023</b>		Date(s) Requested to <b>MARCH 22, 2023</b>	
Type of Flag <b>WORLD DOWN SYNDROME DAY</b>			
Additional Information/Comments <b>ORGANIZATION WILL PROVIDE THE FLAG</b>			
Applicant's Signature <b>NANCY BYRNE</b>		Date <b>February 23 2023</b>	