

SCHEDULE C



APPLICATION FOR PROCLAMATION

Please complete and submit your completed form to the Town Clerk at least 3 weeks in advance of the occasion

ORGANIZATION NAME: Candlelighters Simcoe
CONTACT NAME: Cheryl Gotthelf
ADDRESS: 16 Emily Court, Barrie
PHONE: 705 305 4653 EMAIL: cheryl@candlelighterssimcoe.ca

PROCLAMATION REQUESTED (Name/Title of proclamation)

Childhood Cancer Awareness Month

DATES OF PROCLAMATION (Please check and insert dates)

☐ Day(s) _____ ☐ Week _____
☒ Month September 1-30

PURPOSE OF PROCLAMATION (Please check all that apply)

☐ Civic Promotions ☒ Public Awareness Campaign ☐ Charitable Fundraising Campaign
☐ Arts and Cultural Celebration ☐ Special Honour for Individual or Organization
☐ Other (please explain) _____

DESCRIPTION OF YOUR ORGANIZATION (please include a brief description and any other relevant information related to your request. Additional information/documentation may be attached to this application)

Candlelighters Simcoe supports family with a child in cancer treatment.

Sept. is childhood cancer awareness month. We are trying to raise awareness that kids get cancer too.

Has the same or a similar proclamation been requested of the Town of The Blue Mountains Council in the past?

☐ Yes (insert date of previous request) _____
☒ No

Please provide the draft wording for your proclamation for Council consideration in order to receive an official signed proclamation from the Mayor.

☐ Proclamation flag (please provide photo of the proposed flag if applicable)

SIGNATURE: _____ DATE: Aug 25, 2022

FOR OFFICE USE ONLY:

Date Request Received: _____

Proclamation Outcome:

☐ Approved ☐ Denied ☐ Other: _____

Approved / Denied By: _____

Approval Date: _____

Additional Comments: _____