


Delegation Request

This request and any written submissions or background information for consideration by either Council or Committees of Council is being submitted to Legislative Services.

Council or Committee (Choose One) *

Committee of the Whole

Council or Committee Meeting Date * 

2024-5-28 

Subject *

You Can Play Partnership

Full Name of Spokesperson and Name of Group or Person(s) being Represented (if applicable) *

Mandy Cronin, You Can Play

Brief Summary of Issue or Purpose of Delegation *

Details surrounding the MOU signed with You Can Play and the Town of Aurora.

Have you been in contact with a Town staff or Council member regarding your matter of interest? *

Yes

No

Full name of the Town staff or Council member with whom you spoke

Hailey Jones

Date you spoke with Town staff or a Council member

2024-5-13 

I acknowledge that the Procedure By-law permits five (5) minutes for Delegations. *

Agree