

RIBBON CUTTING APPLICATION

Company Name: _____

Contact Person: _____

Phone: _____ Today's Date: _____

Email: _____ Website: _____

Requested Ribbon Cutting Date: _____

Event Time: _____

Ribbon Cutting Start Time: _____

Reason for Ribbon Cutting: _____

Description of Ribbon Cutting: (Please select one and provide details):

Private - Invite only/VIP (electronic invitation extended to VIP list including Ambassadors, Board members, elected officials, etc. *NOT promoted to Chamber membership*)

Photo opportunity ONLY (Chamber President, Board, VIP & Chamber staff only)

Public event open to all members (Chamber members, Ambassadors, Board, VIP, elected officials, etc. *expect 5-10 Chamber attendees for open events*)

Event Details:

Parking Information for guests:

Description of Company (30 words or less):

Signature of

Owner/Representative: _____