

RIBBON CUTTING REQUEST FORM

COMPANY INFORMATION

Company _____

Name _____

Contact _____

Physical Address of Event: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Website _____



225 Church Street NW
Huntsville, AL 35801

phone 256-535-2000
fax 256-535-2015

hsvchamber.org

PREFERRED DATES & TIMES:

First Preference: _____

Second Preference: _____

Third Preference: _____

For planning and marketing purposes, ribbon cuttings should be scheduled at least one month in advance. After this form is received, you will be contacted by a Chamber representative to discuss the details of your event. Once your ribbon cutting is approved, you will receive an email of this form for your records. Please contact the Event Coordinator regarding any questions.

IMPORTANT: Please note that you will be contacted within 48 hours of receiving ribbon cutting request.

Member Signature

Date Approved

CHAMBER STAFF ONLY:

Date Membership Representative gave information to Event Coordinator: _____

Initials of Membership Representative: _____

Date Contacted by Event Coordinator: _____

Initials of Event Coordinator: _____

APPROVAL

The above referenced ribbon cutting is approved for the following:

Date: _____ Time: _____

Chamber Rep Signature

Date Approved