

# 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](http://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

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## 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