

RIBBON CUTTING REQUEST FORM

COMPANY INFORMATION



225 Church Street NW
Huntsville, AL 35801

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

hsvchamber.org

Company _____

Contact _____

Title _____

Physical Address of Event: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Website _____

PREFERRED DATES:

First Preference: _____

Second Preference: _____

Third Preference: _____

PREFERRED 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 a copy of this form for your records. Please contact your Chamber Representative regarding any questions.

IMPORTANT: Please note that a Chamber Representative will contact you within 48 hours of receiving your ribbon cutting request form. There is a Ribbon Cutting service fee of \$100 due upon request approval.

Member Signature

Date Approved

CHAMBER STAFF ONLY:

Date Chamber Representative submitted request form: _____

Date Chamber Representative contacted Member: _____ Initials of Chamber Representative: _____

Date Ribbon Cutting service fee was paid in full: _____ Initials of Accounting Representative: _____

APPROVAL

The Ribbon Cutting request referenced above is approved for the following:

DATE: _____

TIME: _____

Chamber Representative Signature

Date Approved