



Ribbon Cutting Request Form

Email to staff@tustinchamber.org

Business/Organization Name _____

Primary Contact _____

Address _____

Phone _____ **Email** _____

***Requested Date and Time** _____

- ☐ The business/ organization will provide hors d'oeuvres and beverages
- ☐ The business/ organization will provide special door prize(s) (please list what the prizes are)

☐ Special Request for Mayor Appearance (please allow 3 weeks in advance for the request)

☐ Other Requests: _____

Signature

Date

Chamber Executive Director's Signature

Date

* Please provide at least 2 dates in the case of overlapping with an existing ribbon cutting.