

# Ribbon Cutting Information Form

Ready to host your Ribbon Cutting Ceremony? To better serve you and create a successful experience with adequate promotion time, please fill out this form and return it to the Chamber no later than 2 weeks prior to your event.

Ribbon Cuttings can be scheduled Monday through Friday from 9 a.m. to 4 p.m. (\*Attendance is usually best Tuesday – Thursday, between the hours of 10 a.m. and 2 p.m.)

## Event Information:

**Business Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Event Location Address:** \_\_\_\_\_

## Proposed Event Date Options:

*Dates must be Mon-Fri between 9am-4pm. The Chamber does not host a ribbon cuttings on Saturday.*

Option #1 Date and Time: \_\_\_\_\_

Option #2 Date and Time: \_\_\_\_\_

## Purpose for Ribbon Cutting *(Please select one):*

- ☐ Grand Opening   ☐ Business Expansion   ☐ New Ownership   ☐ Business Relocation  
☐ New Chamber Member   ☐ Milestone   ☐ Anniversary Celebration   ☐ Other

*\*If Other please list reason:* \_\_\_\_\_

## Additional Information:

*These details must be completed before a Ribbon Cutting can be scheduled.*

Who will provide company remarks during the Ribbon Cutting Ceremony?

\_\_\_\_\_

If you have any additional activities or promotions scheduled during event, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your business and provide any additional information that you would like for us to include in promotional advertising for your ribbon cutting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to the Chamber  
Office or email to Madison at  
[mruttinger@thomastongachamber.com](mailto:mruttinger@thomastongachamber.com)  
with a copy of your business logo.

## OFFICE USE ONLY:

Form received: \_\_\_\_\_

Event Date: \_\_\_\_\_

Active Member: \_\_\_\_\_ Date Joined: \_\_\_\_\_

Yes   No