

## **Ribbon Cutting Application**

Business Name:			
Physical Address for Ribbon Cu	itting:		
City	State	Zip Code	
NOTE: Before completing the rest Cutting" Brochure.	of this application, please re	eview the "Guidelines and Tips to a Su	uccessful Ribbon
<ul><li>purposes.</li><li>Ribbon Cutting Ceremonic chamber schedule)</li><li>Ribbon Cuttings are reserved.</li></ul>	es are only held on Tuesda rved for business openings, ent does not meet the quali	eks prior to the date of the event for m y at 10:00am or 4:00pm. (Subject to th new location/ relocation, and expansi fications for a ribbon cutting the Opelik	he availability of
PLEASE ANSWER THE FOLL	OWING QUESTIONS TO	BETTER PREPARE FOR YOUR I	EVENT:
Date of Ribbon Cutting:		Please Circle a Time: 10:0	0am 4:00pm
Will this be a joint Ribbon Cuttir	ig with the Auburn Cham	per of Commerce? YES	NO
	•	at will they be? (NOTE: You are weld will provide you a list of Chamber me	•
Will you offer handouts, coupon	s, door prizes, business	cards, samples, giveaways, etc.? If	so, what will

Will you have decorations/music for your event? If so, what kind?

Who will be speaking on behalf of the business at your ribbon cutting? Please list their name and position.

What do you expect to get out of your Ribbon Cutting?

they be?

NOTE: The Opelika Chamber will work with you in the case of inclement weather on the day of your scheduled Ribbon Cutting.

The Opelika Chamber looks forward to working with you on creating a GREAT Ribbon Cutting event!

601 Avenue A • P.O. Box 2366 • Opelika, AL 36803 • (334)745-4861 www.opelikachamber.com