



RIBBON CUTTING REQUEST

Please return this form to Cheryl – cquennoz@washmo.org

BUSINESS NAME: _____

We recommend scheduling at lunch, or after 4 p.m., so more people are able to attend!

Preferred DATE: _____ Preferred TIME: _____

LOCATION ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____ E-MAIL: _____

WEBSITE: _____

SPECIAL NOTES:

CORRESPONDING EVENT INFO

(if applicable - Grand Opening Celebration, Luncheon, Etc):

OTHER RELEVANT BUSINESS INFO

(hours, items/services offered, etc.)

WASHINGTON AREA CHAMBER OF COMMERCE

323 W Main St, Washington, MO 63090 • info@washmo.org • (636) 239-2715 • washmochamber.org