



# RIBBON CUTTING REQUEST

Please return this form to Cheryl - [cquennoz@washmo.org](mailto:cquennoz@washmo.org)

BUSINESS NAME: \_\_\_\_\_

*We recommend scheduling at 8:30/9:00 a.m., lunch, or 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**

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