



## Ribbon Cutting Request Form

Please complete and return via email to: [Involvement@myjaxchamber.com](mailto:Involvement@myjaxchamber.com) or fax to (904) 355-4235

We would like to join you in celebrating your grand opening by performing a RIBBON CUTTING with you! Simply complete the form below and return it to us via email or fax at least **two weeks** before the date of your choosing. If you have any questions, please contact Monisa Thompson, Member Relations Coordinator, at 904-366-6679 or email [Involvement@myjaxchamber.com](mailto:Involvement@myjaxchamber.com).

Today's Date: \_\_\_\_\_

**Reason for Ribbon Cutting:**

- Grand Opening
- Ground Breaking
- Business Relocation
- Significant Business Expansion
- Other (Please Explain)

**Chamber, please provide the following:**

- Grand Opening Ribbon
- Large Gold Scissors
- Gold Shovels (7)
- Camera
- Welcome Announcement by Chamber Representative

Desired Date of Ribbon Cutting: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.  P.M.

Second Date of Choice: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.  P.M.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

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

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Notes/Special Instructions: *(Include information about special activities, door prizes, refreshments, etc.)*

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**FOR INTERNAL USE ONLY:** Date Received:

Lead Diplomat:

Acct. Manager:

Confirmation Email Sent:

Added to Website: