



Ribbon Cutting Request & Information Form

Name of Business: _____

Contact Name: _____

Business Address: _____

Business Telephone: _____

Email: _____

Website: _____

Are you a current Chamber Member? _____ Yes _____ No

If not a current Chamber Member would you like to receive membership information? _____ Yes _____ No

Date of Ribbon Cutting: _____ Time: _____ A.M./P.M.

Description of Business:

Thank you for requesting a ribbon cutting with the Merrill Area Chamber of Commerce.

The Merrill Area Chamber of Commerce exists to support our members and community through networking, tourism, and promotion of new and existing businesses.

For Office Use:

Ribbon Cutting Date: _____

Time: _____

Ambassador Contact: _____

Ambassador Notification: _____

Press: ____

Photo Sent: ____