



AMBASSADORS
Columbia Chamber of Commerce

“Helping celebrate what’s important to you..... Your Business!”

Date requested for ribbon cutting: _____

Time requested for ribbon cutting: _____ AM / PM
(Generally the best attendance occurs around noon or between 4-6 pm)

Your Business/Organization: _____

Purpose of Ribbon Cutting: _____

(Grand Opening, Anniversary, New Location, etc?)

Address of where ribbon cutting will be: _____

Directions/Nearby Landmarks / Parking Availability: _____

Contact Name, Phone Number and Email Address: _____

Is there a program planned prior to the Ribbon Cutting? _____

If answer is **yes**, what is approximate length of the program? _____

Additional Information you might have to encourage involvement *(ex., refreshments, specials, promotions, etc.)*? _____

Thank you for this information. This is very helpful to us in ensuring your ribbon cutting is a success!

PLEASE RETURN THIS FORM TO:
Columbia Chamber of Commerce
ATTN: Kathy Frerking, Ambassador Liaison
Fax: (573) 443-3986 or e-mail kfrerking@ColumbiaMOChamber.com
(For additional information, call 573-817-9112)