

**MURPHY CHAMBER OF COMMERCE
RIBBON CUTTING REQUEST FORM**

The Mission of the Murphy Chamber of Commerce is to promote and strengthen business relationships, offer solutions for their needs and create the best community in which to work, live and grow a business.

Please provide the following information so that we may arrange a Murphy Chamber of Commerce ribbon cutting for your business. For more information, review the Ribbon Cutting Guidelines, available on the Chamber website: www.murphychamber.org.

Member Name (Business) _____

Address _____ City/State/Zip _____

Contact Names and Titles _____

E-mail address _____

Phone Number _____ Alternate Number _____

Fax Number _____ Website _____

1st Choice (Please review ribbon cutting guidelines before choosing a date)

Date _____ Time _____

2nd Choice

Date _____ Time _____

Location:

Store Front or Next Membership Luncheon (3rd Tuesday of the month)? (Circle One)

Event Details to Promote

	Yes	No	Details
Refreshments?			
Entertainment (i.e., bounce houses, band, etc.)?			
Tours of facility?			
Will you be open for business during the ribbon cutting event?			
Will someone from company speak briefly about business?			
Will any Corporate VIP's be present?			
Will any of your vendors be present with samples, booths, etc?			

Any Questions for Us? _____

By signing this request form for a ribbon cutting, I know that the Director of Ambassadors and I will be contacted to coordinate and finalize plans.

Signature _____ Date _____

***Minimum of three weeks' notice recommended for coordination purposes.
Fax completed form to 972-468-4446.***

Thanks for being an active member of the Murphy Chamber of Commerce.