



Ribbon Cutting & Groundbreaking Request Form

Save your form and email to info@cscedc.com

Company: _____ Membership Level: _____

Type of Business: _____ Today's date: _____

Ribbon Cutting (RC) Groundbreaking (GB) Reason for RC/GB: _____

Preferred date: _____ Preferred time: _____

Alternative date: _____ Alternative time: _____

Ceremony Information

Address for event/ceremony: _____

Contact name: _____ Contact phone: _____

Contact email: _____

Would you like the Chamber & EDC to provide remarks during the ceremony? YES NO

If so, who will we hand the ceremony over to after our remarks - include title?:

Scissor color options: RED GOLD BOTH NONE

Company Information/Biography (We use this information for our remarks. Attach an additional document, if needed):

Website: _____

Business accolades: _____
