



MID-MAINE CHAMBER OF COMMERCE
RIBBON CUTTING REQUEST FORM

Organization Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Tel. #: _____ Fax #: _____

Email address: _____

Web Address: _____

1st Date Preference: _____ Time: _____

2nd Date Preference: _____ Time: _____

3rd Date Preference: _____ Time: _____

Driving Directions:

Comments or Requests:

Your event should be scheduled at ***least 4 weeks in advance***. You will receive a call from the Chamber once this form is completed and returned to our office. When your ribbon cutting is approved, you will receive a faxed/emailed copy of this form for your records.

You may fax this form to 207.877.0087 to the attention of Cindy Stevens or email it to Cindy@midmainechamber.com.

Ribbon cutting events proudly sponsored by:



Office Use Only

Date Agreed Upon: _____ **Time Agreed Upon:** _____

Approved by: _____ **Date:** _____ **Copy Given to Organization:**