



WAUKEE AREA  
CHAMBER OF COMMERCE

*Ribbon Cutting*

Business Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_ Program/Ribbon Cutting Time:  15  30 Other \_\_\_\_\_  
(After event begins)

Other Chamber(s) Present: \_\_\_\_\_

Speaking on Behalf of the Business: \_\_\_\_\_

Food Provided  Y  N

Drinks Provided  Y  N

Entertainment (Band, Children's Activities, Etc.): \_\_\_\_\_

Giveaways  Y  N

Other Business Vendors in Attendance: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Please provide us with a PNG of your logo.