

Request for Ribbon Cutting by The Greater New Hyde Park Chamber of Commerce

Official Name of Business _____

Contact Person _____

Email _____

Phone () - _____

Today's Date ____/____/____

Reason for Ribbon Cutting

- ☐ Grand Opening
- ☐ New Business
- ☐ New Location
- ☐ Grand Reopening
- ☐ Anniversary
 - ☐ 25 Years
 - ☐ 50 Years

Please allow a 3 week leeway if possible (Minimum is 2 weeks)

Date Requested – (Note Saturdays and Sundays by Special Request Only)

____/____/____

Time you prefer

- ☐ Noon to 1PM
- ☐ 1PM – 2PM
- ☐ 2PM - 3PM
- ☐ 4PM - 5PM
- ☐ Other _____

Will the event be indoors or out?

- ☐ Inside
- ☐ Outside
- ☐ Both inside and Outside

Will you be providing refreshments?

- ☐ Yes
- ☐ No

Will you be providing a Ribbon? (We provide Giant Scissors and Ribbon at no cost)

- ☐ Yes
- ☐ No

Are there any special requirements or ceremonies we need to know about?

- ☐ No
- ☐ Yes _____