



Ambassador Ribbon Cutting Committee Event Information

Please fill out all information and return this document to the Eagle Chamber Office

Business Name: _____ New Business: Existing Business: (*Check One*)
 New Location: Yes: No:

Business Physical Address: _____ Key Contact Name: _____
 City, State, Zip: _____ Key Contact Phone: _____
 Date of Ribbon Cutting: _____ Key Contact Email: _____
 Time of Ribbon Cutting: _____
 Will there be an Open House: Yes: No: (*Check One*) Open House Hours: _____
 How many customers does the business expect to attend: _____

IMPORTANT: Electronic Business Press Release is required. Press Release must be in Word document. Color Logo File 300x300 j.peg format to joy@eaglechamber.com no later than two (2) weeks prior to your Ribbon Cutting date.

Business Web Address: _____
 Business Category and Nature of Business: _____
 Ambassador Name: _____ Contact Phone: _____

NOTES:

FOR OFFICE USE ONLY	
Chamber Ambassador Name: _____	Contact Phone/email _____
Original Notification Date: _____	
Blast #1 Date: _____	Photo Secured from Media: _____
Blast #2 Date: _____	Copy of Media Coverage: _____
_____:	Provide Media Page to Business: _____
Press Release Date: _____	Business Cards Copies: _____

148 N 2nd Street Suite #101 P. O. Box 1300 Eagle, Idaho 83616 Phone 208-939-4222

REV: 5/10/17