GREATER CLOVER
CHAMBER *of* COMMERCE

Grand Opening Agreement
Please call the chamber at (803) 222-3312 for date availability

Business Name _____

Circle Desired Event: **Ribbon Cutting** **Grand Opening** **Both**

Contact Name(s): _____

Requested Date: _____

Physical Address of Venue:

_____

Phone: _____

E-mail: _____

Authorized Signature: _____

Please return the completed form:

*** In person to: 118 Bethel Street, Clover, SC 29710**

*** Via e-mail to: hello@cloverchamber.org**

All agreements are subject to approval by the Greater Clover Chamber of Commerce