



Shucking Contest Registration Form

1st Prize - \$1,000

2nd Prize - \$500

3rd Prize - \$250

Contestant's Name: _____

Nickname: _____

Company Name/Grant Location: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Email: _____

Category: Professional Amateur

Check if you are interested in participating in the first-ever Wellfleet OysterFest clam heat: YES

Preliminaries: Saturday, October 13, 2007 at 1:00 pm
Check-in at SPAT booth by 12:30 pm

Finals: Sunday, October 14, 2007 at 1:00 pm,
Check-in at SPAT booth by 12:30 pm

Registration Fee: \$25.00 or 50 Wellfleet Oysters - check made payable to SPAT

WAIVER

Please read the following agreement, sign and date.

In consideration of the opportunity offered me to participate as a contestant in the Wellfleet OysterFest Shucking Contest sponsored by Wellfleet Shellfish Promotion and Tasting (S.P.A.T) and held in the Town of Wellfleet at the Wellfleet OysterFest, I hereby knowingly, freely and voluntarily waive any right or cause of action of any kind whatsoever arising as a result of such activity from which any liability may or could occur. I hereby acknowledge and assume any and all liability and hold harmless S.P.A.T. Board of Directors and subsequent volunteers, Town of Wellfleet and all event hosts and sponsors.

Contestant's Signature: _____ Date: _____

BIO
(please fill in accurately)

How long have you lived in the area? _____

How long have you been involved in shellfishing? _____

How did you become involved in shellfishing? _____

Why do you like oysters? _____

What is your favorite part of the job? _____

What is your least favorite part of the job? _____

Comments/Philosophy/Quick Quote: _____

Please be sure to fill out entire application and bio, include check (if applicable), sign, date and return to:

SPAT
Box 2156
Wellfleet, MA 02667
ATTN: Shucking Contest

For more information, please contact Tracy Vanderschmidt at tracy@wellfleetoysterfest.org or phone 508 349-3499.