



LOBSTER CLAMBAKE CONTRACT

Event – Type and Date: _____

Responsible Party – Name: _____

Email Address: _____

Phone and Cell Phone Numbers: _____

Mailing Address: _____

Restaurant Rental Required: _____ Kitchen Rental Required: _____

Offsite Clambake: _____

If Offsite, Address for Clambake to be Held: _____

Security Deposit Paid: _____

Number of meals: _____ HARDSHELL _____ SOFTSHELL _____

Extra Lobsters: _____ HARDSHELL _____ SOFTSHELL _____

Signature: _____ Date: _____

Signature of Pemaquid Lobster Co-Op Rep: _____

