



**WEST ISLIP
BREAST CANCER COALITION
FOR LONG ISLAND, INC.**



**30th Anniversary
Clam Shucking Entry Form
30 Shucking Years!
Event Date: August 13, 2024**

Entry Date: _____

Name: _____

Address: _____

Telephone: Home _____ **Cell:** _____

Email: _____

Representing: _____

The Entry Fee is \$25.00. This fee includes: \$25.00 worth of food/beverage tickets and a Tee Shirt.

Checks should be made out to the West Islip Breast Cancer Coalition (WIBCC) and mailed
To: WIBCC
P.O. Box 247
West Islip, NY 11795

Space is limited to only 24 spots, shuckers may enter in advance or the day of the event if space allows.

For additional information, email: info@wibcc.org or phone 631-669-7770

Entry Fee Received _____ CK# _____ Entry # _____
(To be filled out by WIBCC)

Thank You!