

Oyster Shell Recycling Restaurant Application

Thank you for your interest in participating in the North Carolina Coastal Federation's shell recycling program! Your participation aids in restoring North Carolina's coastal habitat, water quality, and shoreline. As a member of the program we will work with local volunteers to collect shell from your restaurant on a regular basis and then use the shell to build new oyster reefs in our sounds.

Please fill out the following information to participate and return to Victoria Blakey at <u>victoriab@nccoast.org</u>. With your signature, this application secures your partnership in the program. By participating in the shell recycling program, you agree to have your staff participate in a short training session explaining the importance of shell recycling with some oyster biology and natural history.

| Name of restaurant: | | | | |
|--|----------|--|--|--|
| Contact person(s) for program: | | | | |
| Best phone number to contact: | | | | |
| Email (to send pick up schedule): | | | | |
| Social media handle(s): | | | | |
| | | | | |
| Do you serve oysters on a regular basis?: Yes \Box | No 🗆 | | | |
| Do you host oyster specials regularly?: Yes \Box | No 🗆 | | | |
| If yes, what days?: | | | | |
| Approximately how many bushels of oysters do you serve | | | | |
| In season (May-September)?: | bushels | | | |
| Off season (October-April)? | _bushels | | | |
| Do you host oyster roasts or events?: Yes \Box | No 🗆 | | | |
| Dates (if known): | | | | |
| Do you have a hose on site to rinse buckets? | | | | |
| | | | | |





| Yes 🗆 | No 🗌 |
|-------|------|
| | |

{Flip Over}

What are your preferred days and times for staff trainings? These trainings are roughly 15-30 minutes long:

Monday 🗌 Tuesday 🗌 Wednesday 🗌 Thursday 🗌 Friday 🗌 Saturday 🗌 Sunday 🗌

AM 🗆 PM 🗆

Do you have any staff you think may be interested in transporting shell?:

| Yes | No | |
|-----|----|--|
| 100 | | |

Would you be willing to donate small prizes for volunteers? (gift cards, merchandise, etc.)

Yes 🗌 🛛 No 🗆

By my signature below I, ______, assert that I am authorized to enter into this agreement for ______, restaurant) to participate in the Federation's Restaurant to Reef Shell Recycling program. I understand that if selected, the Federation will provide:

- o 5-gallon buckets to collect our recycled shell in;
- o a regular pick up schedule based on the volume of shell that our restaurant recycles;
- o signs and other promotional materials to announce our participation in the program.

Our staff commits to

- o keeping trash and other non-shell items out of the shell recycling buckets and dumpsters so that the shell can be used to construct new reefs;
- o participating in a short training program about the value and importance of shell recycling;
- posting signs and displaying other promotional materials provided by the Federation about this program;
- o providing the Federation with a logo for our restaurant to be used in program communications including, but not limited to, their website, social media and press releases about the program.

| Signature: | Date: |
|------------|-------|
| | |

Printed name: _____





Restaurant to Reef Oyster Shell Recycling A program of the North Carolina Coastal Federation

Please contact Victoria Blakey, Coastal Specialist, with any questions at (252) 473-1607 (o), (313) 587-1735 (c), or <u>victoriab@nccoast.org</u>

