| | The Great Arizona | | Registration Form | | |
|----|---|----------|------------------------------|--------------------|--|
| | J A | Com | plete this form today, or re | egister online at: | |
| | Vu | ₩ | ww.ShakeOut.org | <u>g/arizona</u> | |
| 1. | Category: (Please select one.) | | | | |
| | Individual/Family (if under 18, ask a parent to register) | | | | |
| | Organization (Please check only ONE box) Business Local Government State Government Federal Government Tribes Healthcare Science/Engineering Non-Profit Faith-Based Museum/Library/Park/etc Preparedness Organization Volunteer Radio Group Media Neighborhood Group Senior Facility/Community Disability/AFN Organization Volunteer/Service Club Agriculture/Livestock Animal Shelter/Service Youth Organization Childcare/Pre-School K-12 College/University | | | | |
| | Organization name: | | | | |
| | I have authority to submit this registration form on behalf of my organization. | | | | |
| 2. | Number of people that will participate in your "Drop, Cover, and Hold On" drill on October 20, 2016 (or on this alternate date in 2016:): Schools: please list staff and students as separate numbers. | | | | |
| 3. | Contact Information: | | | | |
| | Name: | | | | |
| | (First) | (Last) | | | |
| | City: | County: | State: | Zip: | |
| | Email: | Phone: | | | |
| | Organizations only: Title: | | | | |
| | | | | | |
| 4. | Permissions: | | | | |
| | Is it OK to list your name/organization on our website as a participant? Yes No Is it OK to share your information with researchers who are studying ShakeOut activities? Yes No Is it OK to send you e-mail updates about the ShakeOut? Yes No | | | | |
| 5. | Next step: If you provided an email address you will be sent a confirmation with instructions for how to review and revise your registration details. | | | | |



