	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.				



