



Registration Form

Complete this form today, or register online at:

www.ShakeOut.org/centralus

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 School or District College/University

Organization name: _____

Department: _____

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 17, 2013** (or within two weeks of 10/17, on this date: _____).
Schools: please list staff and students as separate numbers.

3. Contact Information:

Name: _____
(First) (Last)

City: _____ County: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Organizations only:

Title: _____

Address: _____

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.

