



# Registration Form

Complete this form today, or register online at:

[www.ShakeOut.org/centralus](http://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 16, 2014** (or within two weeks of 10/16, 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.

