



# 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 15, 2015 (or within two weeks of 10/15, 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.

