| | The Great Montana | Registration Form | |
|---------------------|---|---|--|
| | SIA | Complete this form today, or register online at: | |
| | YUL | www.ShakeOut.org/montana | |
| 1. | Category: (Please select on | e.) | |
| | Individual/Family (if under 18, ask a parent to register) Organization (Please check only ONE box) Business Local Government State Government Federal Government 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 | | |
| | | | |
| | 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 19, 2016 (or on this alternate date in 2016:): Schools: please list staff and students as separate numbers. | | |
| 3. | Contact Information: | | |
| | Name: | | |
| | (First) | (Last) | |
| | | Inty: State: Zip: | |
| | Email: | | |
| Organizations only: | | | |
| | Title: | | |
| | Address: | | |
| 4. | Permissions: | | |
| | Is it OK to share your information with | it OK to list your name/organization on our website as a participant? Yes No it OK to share your information with researchers who are studying ShakeOut activities? Yes No 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. | | |
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Return by mail to: Ready Montana 1301 Lockey Ave Helena, MT 59620