



Registration Form

Complete this form today, or register online at:

www.ShakeOut.org

1. Category: (Please select one)

- Individual/Family *(skip to #2)*
- Business Government Faith-based community
- Community Group Media Other: _____

(For schools, complete our Agreement of Participation form)

Organization name: _____

I have authority to submit this participation form on behalf of my organization.

2. Number of family members, staff, or others that you represent, including yourself, that will likely participate in the ShakeOut:

3. Contact Information:

Name: _____
(First) (Last)

Title: _____ *(if an organization)*

Department: _____ *(if an organization)*

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

4. Recognition:

Is it OK to list your name/organization as a participant? Yes No

Is it OK to share your information with researchers who are studying ShakeOut activities? Yes No

5. Comments or questions?

