



Registration Form

Complete this form today, or register online at:

www.ShakeOut.org

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 Tribe/Rancheria
 Medical Facility Science/Engineering Non-Profit Faith-Based Museum/Library/Park/etc
 Preparedness Organization Communication Group Media HOA/Retirement Community
 CERT Group Neighborhood Group Service Organization Scouting Group
 Childcare/Pre-School K-12 School or District College/University

Organization name: _____

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

2. **Number** of people you represent (in your family or in your organization, including yourself) that will participate in the "Drop, Cover, and Hold On" drill on **October 20, 2011** (schools: list staff and students as separate numbers)

3. Contact Information:

Name: _____
(First) (Last)

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

Email: _____ Phone: _____

Organizations only:

Title: _____

Department: _____

Address: _____

4. Recognition:

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

5. Next step:

If you provided an email address you will be sent a confirmation for updating your information. Registered participants will receive ShakeOut updates and other earthquake information via email.