



# Registration Form

Complete this form today, or register online at:

[www.ShakeOut.org/hawaii](http://www.ShakeOut.org/hawaii)

## 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 19, 2017** (or on this alternate date in 2017: \_\_\_\_\_):

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.