	ohake	Registration Form	
	Shake	Complete this form today, or register online at:	
		ShakeOut.org	
1.	Category: (Please select one.)		
	Individual/Family (if under 18, ask a parent to register)		
	Organization (Please check only ONE box)		
	Business Government K-12 School or District College/University Tribes/Indigenious 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		
	I have authority to submit this regis	stration form on behalf of my organization.	
2. 3.	Number of people that will participate in your earthquake safety drill on October 21, 2021 (or on this alternate date in 2021:): Schools: please list staff and students as separate numbers. Contact Information:		
	Name: (Eirst) (Last)	Org. Title (if applicable)	
	City:	State / Province:	
	Zip/Postal Code: Count	ry:	
	Email:	Phone:	
4.	Permissions:	sions:	
	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.		

Email completed forms to info@shakeout.org