



CARE for Sandy Digital Registration Form

First Name: Middle Initial: Last Name:

E-Mail:

Phone (Landline): Phone (Cell):

Street Address: Apartment #:

City: State: Zip:

*If your home was affected by Sandy requiring temporary relocation, please provide your current address.

I have read and agree to abide by [CARE for Sandy's Submission Rules](#). *Click hyperlink to read.

Yes! ← CLICK ON BOX TO AGREE

Number of submitted photos *Up to 100 per individual or immediate family. (Limit subject to change.)

How did you hear about us?

Have you visited our Facebook page? Yes! ||| No. ← CLICK ON ONE BOX TO SELECT

Have you visited www.careforsandy.org? Yes! ||| No. ← CLICK ON ONE BOX TO SELECT

Are you willing to be interviewed by members of the press?

Yes! ||| No. ← CLICK ON ONE BOX TO SELECT

Will you grant CARE for Sandy permission to use your name when sharing your photos?

Yes! ||| No. I prefer anonymity. ← CLICK ON ONE BOX TO SELECT

If Yes, what name would you like us to use? Type it here:

Would you like to share an inspiring story with CARE for Sandy's internet audience?

Yes! ||| No. I prefer anonymity. ← CLICK ON ONE BOX TO SELECT

If Yes, hooray! Please share your story here: