



Emergency Preparedness Outreach Event Report Form

Event 1

Name:	Name of Event:
E-mail:	Date:
Organization Affiliation:	Location:
Check items distributed: <input type="checkbox"/> ReadyWV Family Emergency Guide book <input type="checkbox"/> ReadyWV yellow bag <input type="checkbox"/> ReadyWV Important Document holder	# people that took a Prep ACTION and received ReadyWV materials
Brief Description of Event:	

Event 2

Name:	Name of Event:
E-mail:	Date:
Organization Affiliation:	Location:
Check items distributed: <input type="checkbox"/> ReadyWV Family Emergency Guide book <input type="checkbox"/> ReadyWV yellow bag <input type="checkbox"/> ReadyWV Important Document holder	# people that took a Prep ACTION and received ReadyWV materials
Brief Description of Event:	