

# SKYWARN REGISTRATION

## Polk County Emergency Management 2016

Name:	Date:
Address:	City:
State:	Zip:
Phone:	
Additional #'s:	
Email:	
Ham Radio Call Sign:	

**Please indicate which training you will be attending:**

Crookston                     
  Fertile                                     
  Fosston

**Please check which area of Polk County you live in or will be spotting from:**

- West
- Central
- East
- Other (please specify)

**Please indicate your availability, location:**

Weekdays                       AM                       PM  
 Weekends                       AM                       PM  
 7 Days a week                       AM                       PM  
 Mobile Spotter                        
 Home Spotter                     

**Any additional comments (please note here if you are part of an organization ~Fire, EMS, Law Enforcement, etc):**