"Get It Together - Buckle *Up*"

2019-2020 Buckle Up Pledge

Signature Form

School Name: _____

I pledge to wear my safety belt every time I am in a vehicle and I pledge that I will encourage my friends and family to buckle up as well.

NAME	Student/Faculty S or F	Date	NAME	Student/Faculty S or F	Date

Instructions:

Total Student Signatures: _____

1. Each student may only **sign the petition one time**. Only Student signatures should be counted in the total. No repeats allowed.
2. Each person who signs the petition receives a Buckle-Up Pledge card to keep as a reminder.
3. Tabulate and transfer the number of student signatures to the report. For the Midway Activity Report, please note the number of students signing the pledge between October 15-December 13, 2019. For the Final Activity Report, note the number of students signing the pledge between December 14, 2019-February 14, 2020.
4. **Please TURN IN the ACTUAL COPIES of the signed pledge signature forms**.

****Make enough copies of this form to ensure a signature line for every student/faculty member. ****