

SLHS BAND BOOSTERS

PO BOX 8561
Reston, VA 20195
Telephone: (703) 715-4590
Fax: (703) 715-4597

Dear Parents:

Thank you for volunteering to drive as part of our Tag Day event. Your help and cooperation are crucial to the success and safety of our children. Please review the following items for today's event:

1-Student Supervision. Please stay on the route with the students. It is important to monitor student's progress as they navigate the route. It is important to be in eye contact with students to ensure their safety. It is also important that students have a driver close in case the weather becomes unsafe for them.

2-Please stay with your assigned routes. It is important that students complete the assigned routes and not deviate to other locations. Our community is very generous to support us and it puts an unwanted burden on our citizens when they receive a second visit from our band. The only way to ensure the continued good will of our community is to cover all assigned routes.

3-Inclement weather policy. Tag Day will proceed as scheduled in the event of rain. If thunder or lighting has been heard/seen at any point, students are to immediately return to their driver. Drivers are then to return to school if it is safe to travel. In the event it is not safe to travel, please seek shelter in a safe location until the storm has passed. On Tag Day we will provide more detailed instructions in the event you need to report your location. In the event of a tornado warning, please seek shelter in a building immediately. Do not use vehicles for shelter.

4-Phone numbers. Please make sure you have recorded the appropriate contact phone numbers for the day and that you leave your cell phone number with the Tag Day Coordinator.

Driver Certification and insurance: I certify that the vehicle I will use for this trip:

- Is designed and manufactured to transport fewer than 10 passengers
- Meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protections standards (at the time the vehicle was manufactured)
- Has a certified seat belt for each passenger (owner-or-dealer-installed seats and seat belts are not certified)

Your Name (print):	Vehicle Owner:
Cell Phone Number:	Insurer:
Operator License #/State/Expiration Date:	
Vehicle Make/Model/Plate:	
Signature/Date:	

This document will be shredded after the event