



Education Programs

717-566-7100

PARTICIPANT DRIVER'S LICENSE AUTHORIZATION FORM

(Application must be submitted prior to program month)

Participant **must** complete this form in order to be authorized to operate an AACA Museum, Inc. owned vehicle for the Model T Driving Experience. Carefully read, complete and upload this form and a copy of your valid driver's license and driver's insurance card to: www.aacamuseum.org/model-t-drive-uploads or send via email to: info@aacamuseum.org or mail: Education Department | AACA Museum, 161 Museum Drive, Hershey, PA 17033.

Please circle the month you purchased to participate: **May June July August September October November**

PERSONAL INFORMATION (please print):

Name (exactly as it appears on driver's license)

Home Address (exactly as it appears on driver's license)

City

ST

Zip

E-mail Address

Telephone Number

Birth Date (M/D/Y)

Emergency Contact Name

Emergency Number

Relation to Attendee

By my signature, I hereby authorize AACA Museum and/or its insurance representative, pursuant to the Driver's Protection Act to validate my driver information. I understand that this information will be kept confidential and released only to those AACA Museum representatives charged with overseeing the Model T Driving Program. I understand that the Education Programs Department will forward information validating my participation in the AACA Museum Model T Driving Program upon receipt of the completed forms.

I understand that I have an obligation and responsibility to the AACA Museum to report any negative change in the status of my driving ability. I further understand that it is my responsibility to notify the AACA Museum of my inability to participate in the Model T Driving program and that my refund will be less the designated amount based on the time of my cancellation.

Signature

Date