



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 AACAMuseum, Inc. owned vehicle for the AACAMuseum Model T Driving Program. Carefully read, complete and return this form **along with a copy of your valid driver's license and driver's insurance card** via email: jdunnigan@aacamuseum.org or mail: Jake Dunnigan | AACAMuseum, Inc., 161 Museum Drive, Hershey, PA 17033.

Please circle the month you purchased to participate: July August September October

Personal Information (please print):

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

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

City

State

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 AACAMuseum, Inc. 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 AACAMuseum, Inc. representatives charged with overseeing the Model T Driving Program. I understand that the Education Programs Department will forward information validating my participation in the AACAMuseum Model T Driving Program upon receipt of the completed forms.

I understand that I have an obligation and responsibility to the AACAMuseum to report any negative change in the status of my driving ability. I further understand that it is my responsibility to notify the AACAMuseum 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