



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 AACAMuseum, 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](http://www.aacamuseum.org/model-t-drive-uploads) or send via email to: [info@aacamuseum.org](mailto:info@aacamuseum.org) or mail: Education Department | AACAMuseum, 161 Museum Drive, Hershey, PA 17033.

Please circle the month you purchased to participate:    June    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

\_\_\_\_\_  
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 AACAMuseum 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 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