GILMORE
CAR MUSEUM

America's Signature Collection™

Gilmore Garage Works Application

Name_____Address_____

City_____Zip Code_____ Cell Phone_____

Student E-mail _____

What High School do you attend? _____

What grade are you in? _____ What is your age? ___ Date of Birth _____

Why do you want to participate in Garage Works?

What are your areas of interest which relate to Garage Works? (Engine Team, Motorcycle Team, Welding, Museum Cars detailing and repairs, Galaxy Project)

Parent Information:

Parents Names_____

Parents Phone numbers: _____

Preferred Parent E- Mail: _____

I have read the parent information sheet:

Student Signature_____

Parent Signature_____ Date_____

Please return to Michael Albani: malbani@gilmorecarmuseum.org

6865 Hickory Road • Hickory Corners, Michigan 49060
PH: (269) 671-5089 • FAX: (269) 671-5843 • GilmoreCarMuseum.org