



**City of Madison**

Department of Planning and Community and Economic Development

Planning Division

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***Bus Lines***

**Poems for Metro Transit Buses Application Form**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Sponsoring H.S. Faculty/Staff:

\_\_\_\_\_

Name of Sponsoring H.S. Faculty/Staff:

\_\_\_\_\_

Poem #1: \_\_\_\_\_

Poem #2: \_\_\_\_\_

Poem #3: \_\_\_\_\_

By submitting this application I confirm that I have read the submission guidelines and confirm that I meet all the eligibility requirements. I understand that if my poem is selected that my parents and I will be contacted for permission to display my poem on the buses. Selected poets will be notified in April, National Poetry month.