



Metro

School Pool Model Program Form

School Name and Address:

Contact Person and Phone Number: _____

School Size: _____

Program Name and Description:

Program Goals:

Cost: _____

Participation Level (Schoolwide, Percentage of students, etc.): _____

Participation Incentives:

Tips, Recommendations, Lessons Learned:

Please fill out this form and send it back to:

Metro Commute Services

One Gateway Plaza

Mailstop: 99-19-5

Los Angeles, CA 90012

Or, you can fax the form to 213.922.5640

Thank you for your participation!