

# MCCOA Healthy Seniors

## Paine Aquatic Center Request for Quarterly Pass

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_ City: \_\_\_\_\_

\*Do you live in the Manistee city limits or in Filer Twp?      yes      no

\*Birthdate: \_\_\_\_\_

\*Signature \_\_\_\_\_

**Do not write below this line. MCCOA use only.**

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\$ \_\_\_\_\_ 3 month swim pass

Date requested: \_\_\_\_\_