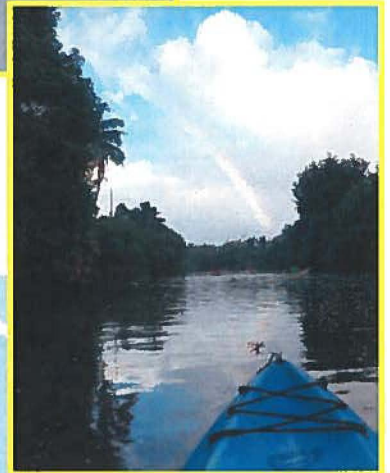
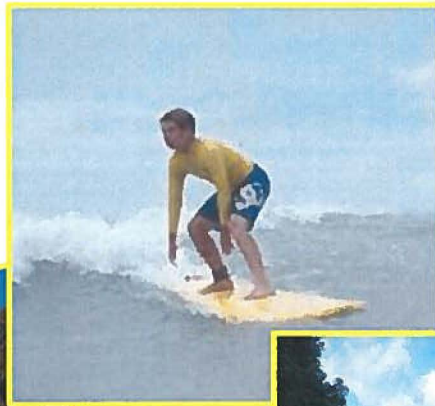


Schofield Barracks Outdoor Recreation Center

ADVENTURE PROGRAMS



ADJUST YOUR LATITUDE

Learn a new skill and get a great workout while. . .

- Kayaking
- Surf Kayaking
- Stand-up Paddleboarding
- Surfing
- Outdoor Archery
- Reball
- Hiking
- Biking
- Blitz Ball

Adventure or Organizational Day Activity:

PT Programs (10 or more Active Duty Soldiers)

2-hour sessions available: Mon - Fri, by appointment only during PT hours.

Custom Group Instruction:

4-hour sessions, 7 days a week. Minimum of 6 participants required. Family groups are welcome.

Schedule a customized program. Call 655-9046 or 655-9047 or email us at:

timothy.t.cain.naf@army.mil

delori.h.gomes.naf@army.mil

HiMWR.com



STAFF USE ONLY

Date of Request: _____

Date of Follow up: _____

Clerk: _____

OUTDOOR RECREATION

ADVENTURE PROGRAMS REQUEST

POC: _____

Unit: _____

Phone #: _____

Email: _____

Alt. Phone #: _____

of Pax: _____ * Avg. PT score: _____

What Program/Activity are you interested in?

Kayaking

Surfing

Surf Kayaking

Hiking

Biking

Paintball (Reball)

Mtn. Biking

SUP (Stand-up

BlitzBall

Archery

Paddleboard)

Date: Pri- _____

Time: Pri- _____

Alt- _____

Alt- _____

Con- _____

Con- _____

Requested Location: (ODR Staff will make final decision pending weather and staff availability)

PARC (Pihila'au Army Rec. Ctr.)

Hickam

Outdoor Rec. Ctr.

Pokai Bay

White Plains

Other

Haleiwa

Intent (What is your goal of this program?)

PT (\$8/pax AD, min 10) (2hrs)

FRG/Organizational

Organizational Team Building/Training
(\$ Based on equipment)

Recreational

Other

Additional equipment needed for activity:

***All requests must be finalized and paid NLT five (5) working days prior to the event.**

***Any cancellation made within 5 working days of activity will be credited to household only. No refunds.**

***A "No Show" on day of activity does not constitute justification for credit to household**

*Bring in or PDF this request to:

timothy.t.cain.naf@army.mil,

delori.h.gomes.naf@army.mil at the S.B. Outdoor Rec. Ctr.

Reserved _____

STAFF USE ONLY (Coordination)

Staff Assigned: _____

Cost: \$ _____

Per Person: \$ _____

Group: \$ _____

RECTRAC Activity Number: _____