

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? (circle)

- Kayaking Mtn. Biking Fishing Dodgeball Blitz Ball
- Surfing GPS/Geo-caching Biking Hiking
- Stand UP Paddleboarding Snorkeling Paintball (Reball) Other

Date: Primary- _____

Time: Primary - _____

 Alternate- _____

 Alternate - _____

 Contingency- _____

 Contingency - _____

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

- PARC (Pilila'au Army Rec. Ctr.) Pokai Bay Hickam (JBPHH)
- White Plains Haleiwa Outdoor Rec. Ctr. Other

Intent (What is your goal of this program?)

- PT (\$6/pax)(minimum 10)(2-hrs) Recreational
- Team Building/Training (\$ Based on equipment) Other
- FRG/ Organizational

Additional equipment/guidance 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 refund.**
***A "No Show" on day of activity does not constitute justification for credit to household.**
 *Bring in or PDF this request to: richard.j.robinson8.naf@mail.mil , sharon.r.sanchez3.naf@mail.mil ,
eryn.a.pope.naf@mail.mil , matt.w.holcomb.naf@mail.mil & mary.a.keene5.naf@mail.mil at the S.B. Outdoor
 Rec. Ctr.

Reserved _____

STAFF USE ONLY (Coordination)

Staff Assigned: _____

Cost: \$ _____ Per Person: \$ _____

Group: \$ _____

RECTRAC Activity Number: _____