

Schofield Barracks Outdoor Recreation Center

ADVENTURE PROGRAMS



ADJUST YOUR LATITUDE

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

- Snorkeling
- Kayaking
- Surf Kayaking
- Stand-up Paddleboarding
- Surfing
- Fishing
- Reball
- Hiking
- Biking
- Blitz Ball
- Mountain Biking
- Hawaiian Canoeing

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. A minimum of 6 participants required. Family groups are welcome.

Get a customized program. Call 655-9045, 655-9046

or 655-9047 or email us at:

richard.j.robinson8.naf@mail.mil

chelsea.f.blakely.naf@mail.mil

matt.w.holcomb.naf@mail.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?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Kayaking | <input type="checkbox"/> Surfing | <input type="checkbox"/> Snorkeling |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Biking | <input type="checkbox"/> Paintball (Reball) |
| <input type="checkbox"/> Mtn. Biking | <input type="checkbox"/> SUP (Stand-up Paddleboard) | <input type="checkbox"/> Blitz Ball |
| <input type="checkbox"/> Fishing | | <input type="checkbox"/> Other |

Date: Pri- _____

Time: Pri- _____

Alt- _____

Alt- _____

Con- _____

Con- _____

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

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> PARC (Pili'au Army Rec. Ctr.) | <input type="checkbox"/> Hickam | <input type="checkbox"/> Outdoor Rec. Ctr. |
| <input type="checkbox"/> Pokai Bay | <input type="checkbox"/> White Plains | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Haleiwa | |

Intent (What is your goal of this program?)

- | | |
|--|---|
| <input type="checkbox"/> PT (\$6/pax AD, min 10) (2hrs) | <input type="checkbox"/> FRG/Organizational |
| <input type="checkbox"/> Organizational Team Building/Training (\$ Based on equipment) | <input type="checkbox"/> Recreational |
| | <input type="checkbox"/> 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: richard.j.robinson8.naf@mail.mil sharon.r.sanchez3.naf@mail.mil and 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: _____