

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"/> Biking | <input type="checkbox"/> Blitz Ball |
| <input type="checkbox"/> Trail Hiking | <input type="checkbox"/> SUP | <input type="checkbox"/> Reball |
| <input type="checkbox"/> Mtn. Biking | <input type="checkbox"/> Archery | |

Date: Pri- _____

Time: Pri- _____

Alt- _____

Alt- _____

Con- _____

Con- _____

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Pupukeya Hills | <input type="checkbox"/> Kaena Point | <input type="checkbox"/> Haleiwa |
| <input type="checkbox"/> Pokai Bay / Pilila'au Army
Rec. Ctr. (PARC) | <input type="checkbox"/> Hickam Beach | <input type="checkbox"/> Outdoor Rec. Ctr. |
| | <input type="checkbox"/> Wheeler Gulch | <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 = NO CREDIT / NO REFUND**

***Any additional personnel allowed to participate day of the event will be charged \$10/pax.**

DROP OFF or EMAIL this request to: delori.h.gomes.naf@army.mil and timothy.t.cain.naf@army.mil at the S.B. Outdoor Rec. Ctr. _____

STAFF USE ONLY (Coordination)

Staff Assigned: _____

Cost: \$ _____

Per Person: \$ _____

Group: \$ _____

RECTRAC Activity Number: _____