

Active Duty Personnel Only (No Exceptions.)

ADVENTURE



PT PROGRAM

TUESDAYS-FRIDAYS • 6-9 A.M.
OUTDOOR RECREATION CENTER

Learn a new skill while you're doing your morning physical training!

REGISTER IN PERSON AT ODR

Registration Deadline:
5 days prior to program date

\$8 PER PERSON

**Must be paid before any
PT program is officially
scheduled.**

2 HOUR SESSION

**Must be during
PT hours.**

**MINIMUM OF 10
PARTICIPANTS**

ACTIVITIES

REBALL

BLITZBALL

**STAND UP PADDLE-
BOARDING (SUP)**

MOUNTAIN BIKING

KAYAKING

HIKING

ARCHERY & TRAP

***Off-site PT locations
are subject to
staff approval.**

For more information, call (808) 655-9046

435 Ulrich Way • BLDG 2110 • Schofield Barracks, HI 96857



HiMWR.com or **f** MWR HAWAII **@**



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

☐ Biking

☐ Blitz Ball

☐ Trail Hiking

☐ SUP

☐ Reball

☐ Mtn. Biking

☐ Archery

Date: Pri- _____

Time: Pri- _____

Alt- _____

Alt- _____

Con- _____

Con- _____

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

☐ Pupukea Hills

☐ Kaena Point

☐ Haleiwa

☐ Pokai Bay / Pilila'au Army
Rec. Ctr. (PARC)

☐ Hickam Beach
☐ Wheeler Gulch

☐ Outdoor Rec. Ctr.
☐ 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: adrian.n.rogers.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: _____