

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 Paddle Boarding
- Surfing
- S.A.F.E. Archery & Trap
- ReBall (Paintball)
- Hiking
- Biking
- Blitz Ball
- Mountain Biking

Adventure or Organizational Day Activity:

PT Programs (10 or more Active Duty Soldiers)

2-hour sessions available: T u e s - F r i , by appointment only during PT hours.

Custom Group Instruction:

4-hour sessions 5 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@army.mil, timothy.t.cain.naf@army.mil,
chelsea.f.blakely.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?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Kayaking | <input type="checkbox"/> Surfing | <input type="checkbox"/> Surf Kayaking |
| <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"/> BlitzBall |
| | | <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 (Pihila'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 (\$8 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
- *Additional unregistered PT program personnel MAY be allowed to participate day of the event at \$10 per person

*Bring in or PDF this request to:

richard.j.robinson8.naf@army.mil, timothy.t.cain.naf@army.mil,
delori.h.gomes.naf@army.mil, or chelsea.f.blakely.naf@army.mil at the S.B. Outdoor Rec
Center

STAFF USE ONLY (Coordination)

Staff Assigned: _____

Cost: \$ _____ Per Person: \$ _____

RECTRAC Activity Number: _____

Reserved _____

Group: \$ _____