

<b>STAFF USE ONLY</b>
Date of Request: _____
Date of Follow Up: _____
Clerk: _____

**OUTDOOR RECREATION  
ADVENTURE PT PROGRAM REQUEST**

POC: \_\_\_\_\_ Unit: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_ # of PAX: \_\_\_\_\_ AVG PT Score: \_\_\_\_\_

Date: \_\_\_\_\_ Pri: \_\_\_\_\_ Time: \_\_\_\_\_ Pri: \_\_\_\_\_

Alt: \_\_\_\_\_ Alt: \_\_\_\_\_

Con: \_\_\_\_\_ Con: \_\_\_\_\_

Activity & Location: (Please select one of each)

Kayak ..... Haleiwa Pokai Bay/PARC	Stand-Up Paddleboard ..... Hickam Beach Other: _____	ReBall ..... Outdoor Rec Center	Blitz Ball ..... Wheeler Gulch	Mountain Biking ..... Pupukea/Sunset Hills Ka'ena Pt. Other: _____
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- All requests must be finalized and paid NLT five (5) working days prior to requested event date.
- Any cancellation made within five (5) working days of scheduled event date is eligible for credit only, no refunds.
- A "no show" on scheduled event date is not eligible for credit or refund.

\* Bring in or e-mail this request to: [sbodrprograms@army.mil](mailto:sbodrprograms@army.mil) at the Schofield Barracks  
Outdoor Recreation Center

<b>STAFF USE ONLY</b>
Staff Assigned: _____
Total Cost \$: _____
RecTrac Activity Number: _____