

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="radio"/> Kayaking | <input type="radio"/> Hiking | <input type="radio"/> Mtn. Biking | <input type="radio"/> Fishing | <input type="radio"/> Climbing |
| <input type="radio"/> Surfing | <input type="radio"/> GPS/Geo-caching | <input type="radio"/> Biking/MTB | <input type="radio"/> Blitz Ball | <input type="radio"/> Dodgeball |
| <input type="radio"/> SUP | <input type="radio"/> Snorkeling | <input type="radio"/> Paintball (Reball) | <input type="radio"/> Other | |

Date: Pri- _____

Time: Pri- _____

Alt- _____

Alt- _____

Con- _____

Con- _____

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

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

Intent (What is your goal of this program?)

- | | |
|--|------------------------------------|
| <input type="radio"/> PT (\$6/pax)(minimum 10)(2-hrs) | <input type="radio"/> Recreational |
| <input type="radio"/> Team Building/Training (\$ Based on equipment) | <input type="radio"/> Other |
| <input type="radio"/> FRG/ Organizational | |

Additional equipment needed for activity:

***All requests must be finalized and paid NLT five (5) working days prior to the event.**

*Bring in or PDF this request to: richard.j.robinson8.naf@mail.mil & sharon.r.nakai.naf@mail.mil at the S.B. Outdoor Rec. Ctr.

Reserved _____

STAFF USE ONLY (Coordination)

Staff Assigned: _____

Cost: \$ _____ Per Person: \$ _____

Group: \$ _____

RECTRAC Activity Number: _____