

Adventure PT Programs

Learn a new skill and get a great workout!

ON SITE PT

* Reball (paintless paintball)

* Blitz Ball

(PT Location is Outdoor Recreation Center)

OFF SITE PT

* Stand Up Paddle boarding (SUP)

* Mountain Biking / Road Biking

*Kayaking

*Hiking

(Some off site PT locations are listed on back)

PT Program Details

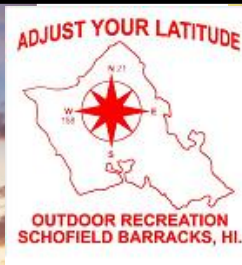
-All PT programs are for Active Duty Soldiers ONLY. No exceptions.

-Minimum of 10 participants must be paid before any PT program is officially scheduled.

-All PT programs are 2 hour sessions and must be during official PT hours (0600-0900).

-By appointment ONLY: Tuesday—Friday.

Cost: \$8 per person



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

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

☐ Hickam Beach

☐ Outdoor Rec. Ctr.

☒ Rec. Ctr. (PARC)

☐ Wheeler Gulch

☐ 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 (PDF) this request to: richard.j.robinson8.naf@army.mil, chelsea.f.blakely.naf@army.mil, timothy.t.cain.naf@army.mil, & delori.h.gomes.naf@army.mil at the S.B. Outdoor Rec. Ctr.

STAFF USE ONLY (Coordination)

Staff Assigned: _____

Cost: \$ _____ Per Person: \$ _____

Group: \$ _____

RECTRAC Activity Number: _____