



# P.T. ADVENTURE

LEARN A NEW SKILL AND  
GET A GREAT WORKOUT!

**WEDNESDAYS  
AND FRIDAYS**

**2-HOUR SESSIONS  
DURING P.T. HOURS  
0600-0900**

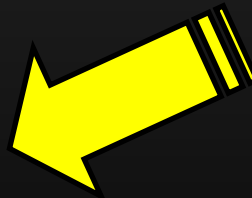
**OFF-SITE \$15 PER SOLDIER  
ON-SITE \$10 PER SOLDIER**

**P.T. ADVENTURES ARE FOR ACTIVE DUTY SOLDIERS  
ONLY. NO EXCEPTIONS.**

**A MINIMUM OF 10 PARTICIPANTS MUST BE PAID TO  
SCHEDULE A DATE.**

**BY APPOINTMENT ONLY. NO WALK-INS.**

**SEE REVERSE FORM TO  
SCHEDULE YOUR DATE**



**CONTACT US FOR MORE INFORMATION**

**(808) 655-9046**

**(808) 655-9047**

**<https://hawaii.armymwr.com/>**



STAFF USE ONLY

Date of Request: \_\_\_\_\_

Date of Follow up: \_\_\_\_\_

Clerk: \_\_\_\_\_

## OUTDOOR RECREATION

### ADVENTURE PT 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:

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**\*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 \$12/pax.**

DROP OFF or EMAIL this request to: [adrian.n.rogers.naf@army.mil](mailto:adrian.n.rogers.naf@army.mil) and [timothy.t.cain.naf@army.mil](mailto: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: \_\_\_\_\_