



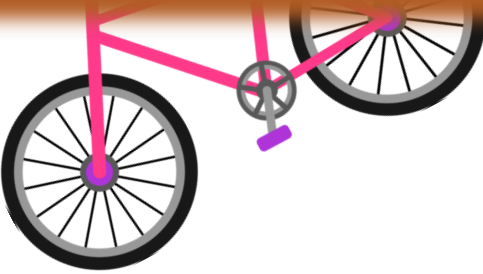
ADVENTURE PROGRAMS

ADJUST YOUR LATITUDE

Learn a new skill and get a great workout!

LAND ACTIVITIES

- ReBall
- GellyBall
- Blitz Ball
- Hiking
- Biking/MTN Biking
- Outdoor Archery



OCEAN ACTIVITIES

- Kayaking
- Surf Kayaking
- Stand-Up Paddleboarding
- Surfing



SCHEDULE A CUSTOMIZED PROGRAM TODAY!

SEE REQUEST FORM ON REVERSE

Custom Group Instruction:

Tuesday thru Saturday, price and location varies.
6 pax minimum. Family groups recommended!

P.T. and Organizational Activity:

P.T. Programs

Wednesdays and Fridays, 2-Hour Session, during P.T. Hours.

Active Duty ONLY. 10 pax minimum.

ORG Day/Training

Tuesday thru Saturday, price and location varies.

Active Duty ONLY. 10 pax minimum.

CALL (808) 655 9046 FOR MORE INFORMATION



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

☐ Surfing

☐ Surf Kayaking

☐ Hiking

☐ Biking

☐ Paintball (Reball)

☐ Mtn. Biking

☐ SUP (Stand-up

☐ BlitzBall

☐ Archery

Paddleboard)

Date: Pri- _____

Time: Pri- _____

Alt- _____

Alt- _____

Con- _____

Con- _____

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

☐ PARC (Pili'au Army Rec. Ctr.)

☐ Hickam

☐ Outdoor Rec. Ctr.

☐ Pokai Bay

☐ White Plains

☐ Other

☐ Haleiwa

Intent (What is your goal of this program?)

☐ PT (\$8/pax AD, min 10) (2hrs)

☐ FRG/Organizational

☐ Organizational Team Building/Training
(\$ Based on equipment)

☐ Recreational

☐ 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**

***Bring in or PDF this request to:**

timothy.t.cain.naf@army.mil,

adrian.n.rogers.naf@army.mil at the S.B. Outdoor Rec. Ctr.

Reserved _____

STAFF USE ONLY (Coordination)

Staff Assigned: _____

Cost: \$ _____

Per Person: \$ _____

Group: \$ _____

RECTRAC Activity Number: _____