MCCS Health Promotion Unit PT Request Form

Submit a Unit PT Request To: mccshealthpromotions@okinawa.usmc-mccs.org

We require 2 weeks notice for requests

POC/ Training Officer Name		Zino Zi Nooko hokoo ka kaqaasa
POC Email / POC Phone		
Unit Name		
Supervisor Name/Email / Phone		
Base Location		
First Proposed Date / Time		
Second Proposed Date / Time		
Third Proposed Date / Time		
Type of Unit PT: □ HITT □ Modality Clinic □ Mobility/Recovery □ Amp-it (Kettlebells, Speed/Agility etc) □ Dance (Zumba-Mixxedfit-Commit) □ Yoga □ Spin □ Aqua Zumba/recovery □ Functional Street		
Expected Number of Participants: □10-25 □25-50 □50-80 □80-100 □100+ □150+		
□200+ □Oth	ner ()	
Preferred Location ☐HITT Park	on of Brief: □Track	□Unit Location □Softball Field
☐HITT Porch	□ Aerobics roor	m □Basketball court □Other
Comment:		