

Fitness Request

From: _____ Date: _____
(Print Name)

To: Navy Region Fitness Director

Command/Unit: _____

Date Requested: _____ Time : _____

Location: _____ (Start to Finish)

Approximate # of participants: _____

Services Requested: Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Intro to Fitness.ppt (60min) | <input type="checkbox"/> Strength Training.ppt (60 min) |
| <input type="checkbox"/> Proper Stretching.ppt (30 min) | <input type="checkbox"/> Cardiovascular Training.ppt (60 min) |
| <input type="checkbox"/> Sports Safety.ppt (45 min) | <input type="checkbox"/> Program Overview (30 min) |
| <input type="checkbox"/> CFL Fitness Training (2 days) | <input type="checkbox"/> Other: _____ |

Return to Readiness Classes

- | | |
|--|--|
| <input type="checkbox"/> Cardiovascular training | <input type="checkbox"/> Strength Circuit (Nautilus) |
| <input type="checkbox"/> Proper Stretching | <input type="checkbox"/> Circuit Class (combo cardio/strength intervals) |
| <input type="checkbox"/> Outdoor Conditioning (no equip) | <input type="checkbox"/> Outdoor Circuit (with equip) |

Signature: _____

Duty Phone #: _____ Cell Phone #: _____

Email address: _____

We will do our best to try and meet your request based on staff availability. *Two-week notice is recommended.* Please fax this request to: 473-0036.

For R2R workout schedule or other fitness program information visit:

www.greatlifehawaii.com

To register for CFL certifications visit: www.mwr.navy.mil