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		
POC Phone		
POC Email		
Unit Name		
Location		
First Proposed Date / Time		
Second Proposed Date / Time		
Third Proposed Date / Time		
Type of Unit ☐ HITT	PT: □ Yoga	☐ Spin ☐ Mixxed Fit
\square Zumba	☐ Amp-It	\square Modality Clinic (Kettlebells, Speed/Agility etc)
Expected Nu	mber of Participants: □5-10 □10-2	5 □25-50 □50-80 □80-100
□100+	□150+ □200+	
Preferred Loc ☐ HITT Park	cation of Brief:	☐Unit Location ☐Softball Field
□HITT Porch	□Other	
Comment:		