

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 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:

Expected Number of Participants:

- 10-25 25-50 50-80 80-100 100+ 150+
 200+ Other ()

Preferred Location of Brief:

- Fit Park Track Unit Location Softball Field
 Fit Porch Aerobics room Basketball court Other

Comment: