

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:

- ☐ Functional Fit ☐ Modality Clinic
(Kettlebells, Speed/Agility etc...) ☐ Mobility/Recovery ☐ Amp-it
- ☐ Dance ☐ Aqua Zumba/recovery
(Zumba-Mixedfit-Commit) ☐ Yoga ☐ Spin

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:

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