



After Action Report

Squadron Information

Unit:

Unit POC:

Event Information

Date:

Time:

Duration:

Number of Attendees:

Please list how many members, if any, did not participate under the corresponding reasons below.

Chose not to participate

Duty-related conflict

Personal conflict

Other

Actual Expenses

MOA (activity related):

NAF (food & beverage):

The program was successful? (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree). Include any person feedback.

We would participate in this type of program again. (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree). Include any personal feedback.

Staff found the program easy to implement. (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree). Include any personal feedback.

Participants found the program enjoyable. (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree). Include any personal feedback.

How was your event marketed to your unit?

Signature

Please include photos and return no later than 5 days after your Unite Event.