



EVENT AFTER ACTION REPORT

SQUADRON INFORMATION

REQUESTING UNIT: _____

UNIT POC: _____ POC EMAIL: _____

EVENT INFORMATION

DATE: _____ START TIME: _____ DURATION: _____

OF PARTICIPANTS: _____, including _____ dependents/family. LOCATION: _____

REQUESTED FUNDING APF (activity related): _____ NAF (food & beverage): _____

Describe how you marketed/advertised your Unite event to your squadron/unit/office?

How well did your planning and event execution process go? How could it be improved?

What lessons were learned and what recommendations do you have for future events?

What is your personal feedback of the event?

What feedback from the participants can you provide?

| | AGREE | NEUTRAL | DISAGREE |
|-----------------------------------------------------|-------|---------|----------|
| The program was successful. | | | |
| We would participate in this type of program again. | | | |
| The POC found the program easy to implement. | | | |
| Participants found the program enjoyable. | | | |
| We would recommend this program to another unit. | | | |
| The food was fast and convenient. | | | |

POC SIGNATURE: _____

C3 SIGNATURE: _____

C3 OFFICIAL USE ONLY

ACTUAL APF: _____ ACTUAL NAF: _____

Please include photos and return no later than 3 days after your Unite Event.