



AFTER ACTION REPORT

*Please submit After Action Report to C3 within 72 hours after the event
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Details:

Date of Event: _____ Squadron/Unit: _____

Funding Portion will be filled out by C3:

APF Funded: \$ _____ NAF Funded: \$ _____

APF Spent: \$ _____ NAF Spent: \$ _____

Projected Attendance: _____ Actual Attendance: _____

Any Members Not Participate (how many): _____

Please mark the appropriate response.

**Strongly Agree Neutral Disagree Strongly
Agree Disagree**

The program was successful.

We would participate in this type of program again.

POC found the program easy to implement.

Participants found the program enjoyable.

What FSS or Off Site establishment(s) did you partner with for this event?

What went well for this event?

What lessons were learned and what areas needed improvement for this event?

Would you do this event again? Why or why not?

Do you have any feedback for your C3 or any recommendations for future squadron events?

Unite POC Signature

Date