



After Action Report

Squadron Information					
Unit:	Unit POC:				
Event Information					
Date held: Number of	of programs/events	held (occı	ırrences):	Duratio	n:
Number of Attendees:					
Please mark the appropriate response	Strongly Agree	Agree	Neutral	Disagree	Strong Disagree
The program was successful					
We would participate in this type of program again					
Staff found the program easy to implement					
Participants found the program enjoyable					
APF (activity related):	NAF (food & beverage):				
Describe how the event was ma	ırketed/advertised t	o custome	ers.		
What lessons were learned and	I what recommendat	tions do yo	ou have for fu	ıture squadron	events?
Personnel/Customer Feedback					
Signature					