



UNITE AFTER ACTION REPORT

REVITALIZING SQUADRONS "...the beating heart of the Air Force."



REQUESTING UNIT:

EVENT POC: EMAIL:

DATE OF EVENT: EVENT LOCATION:

ACTUAL START TIME: ACTUAL END TIME:

DID YOUR COMMANDER APPROVE FUNDING FOR SPOUSES & DEPENDENTS? ☐ YES ☐ NO

ACTUAL # OF UNIT MEMBERS: # OF SPOUSES/DEPENDENTS: TOTAL:

ACTUAL FEES PAID BY PARTICIPANTS (OUT-OF-POCKET COSTS PER PERSON):

Strongly
Agree

Agree

Neutral

Disagree

Strongly
Disagree

☐☐☐☐☐

THE EVENT WAS SUCCESSFUL.

☐☐☐☐☐

WE WILL PARTICIPANT IN THIS TYPE OF EVENT AGAIN.

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THE EVENT WAS EASY TO IMPLEMENT.

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PARTICIPANTS FOUND THE EVENT ENJOYABLE.

HOW WELL DID YOUR PLANNING PROCESS & OVERALL EVENT EXECUTION GO? HOW COULD IT BE IMPROVED?

WHAT FEEDBACK CAN YOU PROVIDE ON YOUR SELECTED VENDORS/ACTIVITIES?

WHAT FEEDBACK CAN YOU PROVIDE FROM YOUR PARTICIPANTS?

WAS ADDITIONAL FUNDING ASSISTANCE (BOOSTER CLUB, DONATIONS, ETC.) USED? ☐ YES ☐ NO



EVENT POC SIGNATURE:

C3 OFFICIAL USE ONLY

C3 SIGNATURE:

APF REQUEST ID: NAF REQUEST ID:

APF (ACTIVITY FUNDS) REQUESTED: NAF (FOOD FUNDS) REQUESTED:

APF (ACTIVITY FUNDS) UTILIZED: NAF (FOOD FUNDS) UTILIZED: