



EVENT AFTER ACTION REPORT

Squadron/Unit/POC:

Event Date:

Squadron or Unit Expected Number of Guests:

Event Title:

Please mark the appropriate response.

Stongly Agree **Agree** **Neutral** **Disagree** **Strongly Disagree**

- Was the program successful?
- Would you participate in this type of program again?
- Staff found the program easy to implement?
- Participants found the program enjoyable.

Were sponsorship and/or donations recieved? Yes No

Describe how the event was marketed/advertised to customer.

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