EVENT AFTER ACTION REPORT

Squadron/Unit/POC:

Event Date:

Squadron or Unit Expected Number of Guests:

Event Title:

Event Duration (Hours):

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?