



After Action Report

Signature

Squadron Information						
Unit:	Unit POC:					
Event Information						
Date:	Time:		Dur	ation:	Number of Attendees:	
Please list how many members, if any, did not participate under the corresponding reasons below.						
	Chose not to participate Personal conflict			Duty-related conflict Other		
Actual	Expenses	MOA (activity	/ related):	NAF (food & beverage):	
What went well?						
What areas need improvement?						
Would you host this event again? Why or why not?						
What lessons were learned and what recommendations do you have for future squadron events?						