



# UNITE AFTER ACTION REPORT

CY25

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

REQUESTING UNIT:

UNIT POC:  EMAIL:

DATE OF EVENT:  EVENT LOCATION:

ACTUAL START TIME:  ACTUAL END TIME:

ACTUAL # OF UNIT MEMBERS:

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.

THE EVENT WAS EASY TO IMPLEMENT.

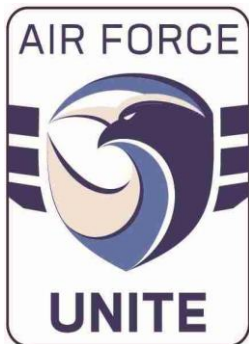
PARTICIPANTS FOUND THE EVENT ENJOYABLE.

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



UNIT POC SIGNATURE:

C3 OFFICIAL USE ONLY

C3 SIGNATURE:

REQUEST ID:

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

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

Submit this form to [maitham.basha-agma.3@us.af.mil](mailto:maitham.basha-agma.3@us.af.mil). Units must submit an AAR with photos from the event.