



# UNITE AFTER ACTION REPORT

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

CY24  
Form 3

REQUESTING UNIT:

UNIT 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

|                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
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THE EVENT WAS SUCCESSFUL.

WE WILL PARTICIPANT IN THIS TYPE OF EVENT AGAIN.

THE EVENT WAS EASY TO IMPLEMENT.

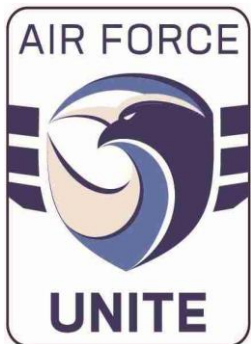
PARTICIPANTS FOUND THE EVENT ENJOYABLE.

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 [88FSS.Unite.WPAFB@us.af.mil](mailto:88FSS.Unite.WPAFB@us.af.mil). Units must submit an AAR with 5 photos within 2 business days of event.