

Unite After Action Report

V.2023 Osan AB



Event Title:

Squadron/Flight/Activity/Shop:

Event POC:

Email:

Date of Event:

Event Location:

Event Start Time (actual):

Event End Time (actual):

Intended Total Participants:

Actual Total:

Spouse/Family

Use of this form is mandatory. Please complete and return to the C3 within 5 duty days of your event.

How did you advertise your event within your squadron/flight/work center?

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

Was your event easy to organize and run? YES NO

Would you do this event again in the future? YES NO

Why or Why Not?

Participant comments and overall observations on the success of the event:

How did this event contribute to team-building, morale, cohesiveness, esprit-de-corps, physical fitness?

If there was a difference between intended and actual participation, list why and how many were affected by mission requirements, personal conflicts, elected not to participate, or in the case of civilians did not participate because of labor rule restraints?

Unite or Event POC Signature

C3 Signature