## **Unite After Action Report**

V.2023 Osan AB

Event Title:			
Squadron/Flight/Activity/Shop:			
Event POC:	Email:		UNITE
Date of Event:			Use of this form is
Event Location:			mandatory. Please complete and
ent Start Time (actual): Event End Time (actual):		return to the C3 within 5 duty days	
Intended Total Participants:	Actual Total:	Spouse/Family	of your event.
How did you advertise your event with	nin your squadron/flight/w	ork center?	
What lessons were learned and what r	recommendations do you h	ave for future events?	
Was your event easy to organize and ı	run? YES NO		
Would you do this event again in the f Why or Why Not?	uture? YES NO		
Participant comments and overall obs	ervations 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?

AIR FORC