



After Action Report CANNON AFB

Squadron Information

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Unit POC:

Event Information

Event:

Date:

Time:

Duration:

Number of Attendees:

What FSS or Off Site establishment(s) did you partner with for this event:	
What went well for this event:	
What areas needed improvements for this event	
Would you do this event again? Why or Why not?	
What lessons were learned and what recommendations do you have for future squadron events?	

Signature