



Squadron & Flight: (If Applicable)

PAS Code:

Number of Participants:

Point of Contact:

Email:

Event Name

CY2024 Unite Funding allows for:
\$13.50 per person in activity & \$5.00 per person
in food.

Brief Description:

Activity Cost:

Food Cost:

Date:

Start Time:

Duration:

Location:

Identify areas of Comprehensive Airmen Fitness that could also be considered/addressed in planning:

Mental

Physical

Social

Spiritual

Evaluation:

Desired Short-Term Outcome(s):

Desired Long-Term Outcomes(s):

Potential Methods to Assess Outcome(s):

Planning for After Action: *AARs must be submitted 5 days after event.*

How will you show that goals were met?

Would you recommend this activity to others?

Feedback from others?

Would you like to be contacted by Keesler helping agencies?

Commander/Designee Signature: