**AFTER ACTION REPORT**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity:** | | | | **Place:** | | | |
| **Date:** | | | | **Time:** | | | |
| **Total participants:** | | | | **Was purpose met?** | | | |
| **Amount charged per participant:** | | | | | | | |
| **Total cost to Recreation Fund** | | | | | | | |
| **Participant Comment Cards Collected:** | | | | | | | |
| **KEY AREAS** | **KEY RATING AREAS** | | | | |
| **Excellent** | **Good** | **Fair** | **Poor** | **N/A** |
| Date/Day of Week |  |  |  |  |  |
| Time |  |  |  |  |  |
| Facility/Location |  |  |  |  |  |
| Publicity/Promotion |  |  |  |  |  |
| Photography/Videography |  |  |  |  |  |
| Decorations |  |  |  |  |  |
| Transportation (if required) |  |  |  |  |  |
| Safety/Security |  |  |  |  |  |
| Schedule of Activities |  |  |  |  |  |
| Food/Beverages |  |  |  |  |  |
| Fee Charged Per Participant |  |  |  |  |  |
| Perceived Level of Satisfaction |  |  |  |  |  |
| Weather Condition |  |  |  |  |  |
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**KEY:**

**AFTER ACTION REPORT**

**(Continued)**

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| **Activity Strengths:** |
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| **Activity Weaknesses:** |
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| **Ways to Overcome Weaknesses and Recommendations for Improvement:** |
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