VETERANS OF FOREIGN WARS MOTORCYCLE GROUP

AFTER ACTION REPORT FORM

UNIT #_____ LOCATION _____ DATE OF EVENT _____

Reason for Event: _____

 # Of Volunteers: _____

 # Of Hours: _____

 # Of Miles: _____

Amount of Money Spent: _____

Amount of Money Raised: _____

Brief description of Event: --

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ **Phone #** _____

Attach: Photos, newspaper articles, handouts, cancelled checks, and any other information you may have.