

Please complete this form **within 30 days** of the date of the event. Receipts for monies spent must be attached and returned to the family program office

# MWR After Action Report

From: DVEM  
Family Program  
State House Station #33  
Camp Keyes  
Augusta, ME 04333-0033

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unit/Group: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Number of attendees: Military \_\_\_\_\_ Family members \_\_\_\_\_  
Special Guests \_\_\_\_\_ Retirees \_\_\_\_\_

Please give a brief description of event, ie. activities, food, games, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Money received from MWR Fund	Minus expenses for event	Money being returned to MWR Fund
\$ _____	\$ _____	\$ _____

Report received by: \_\_\_\_\_ Date: \_\_\_\_\_