

Please complete this form within **30 days** of the date of the event. All receipts from purchases must be attached and returned to the family program office.

Money Received
from MWR Fund

\$_____

Money Being
Returned to MWR
Fund

\$_____

MWR: After Action Report

From: _____

To: DVEM

Family Program

State House Station #33

Camp Keyes

Augusta, ME 04333-0033

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 (i.e. how did these funds enhance morale of troops and families, how did the event go, activities, food, games, etc.)

Print Name: _____

Date: _____

Signature: _____