



Four Chaplains Memorial Foundation Legion of Honor

AFTER ACTION REPORT

(Required)

Please fill in this form and return to the Chapel of Four Chaplains within 30 days of the completion of your Four Chaplains Legion of Honor Award Presentation Event.

1. Name of **Presenter**: _____
2. Name of **Awardees** and the type of award presented:
 - a. Name: _____ Award: _____
 - b. Name: _____ Award: _____
 - c. Name: _____ Award: _____
 - d. Name: _____ Award: _____
3. **Location** of Event: _____
4. Type and **Name of the Event**: _____
5. How many people were in **attendance**: _____
6. Names of **Special Guests/VIPs**:
 - a. Name: _____ Title: _____
 - b. Name: _____ Title: _____
 - c. Name: _____ Title: _____
 - d. Name: _____ Title: _____
7. Describe the **highlights** of the event: _____

8. Please attach any **bulletins or programs** from the event.
9. Please attach some **photos** from the event.
10. Please attach any **media coverage** of the event such as a newspaper article or a link to a local TV broadcast.
11. Add any **additional comments** or feedback on attached sheets.
12. Did you collect **donations or have a special offering** for the foundation?
13. **Email** to: chapel@fourchaplains.org
14. **Or Mail** to: The Chapel of Four Chaplains
1201 Constitution Ave.
The Navy Yard, Building 649
Philadelphia, PA 19112

THANK YOU

Your feedback will help us promote and improve our Legion of Honor Program.