



# Central District Band Festival

AFTER ACTION REPORT  
To be completed by COMMITTEE CHAIRS

## AFTER ACTION REPORT (Please submit to chairperson)

Position Held: \_\_\_\_\_

Job Description (be as detailed as possible):

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### Contacts

Who did you need to contact? Why?

Name/Purpose	Phone
1. _____	# _____
2. _____	# _____
3. _____	# _____
4. _____	# _____

Please list any forms, handouts, any paperwork you distributed or made:

**Please provide a detailed step by step how you executed your duties. Please include a timeline and due dates. (For example – how long it took for the programs to be made.)**

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**Please indicate any changes you would like to make that will make your position more efficient.**

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**Suggestions for next year:**

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