

DOLLARS FOR INNOVATIVE & CREATIVE ENTERTAINMENT (DICE)

WORKSHEET A: EVENT OVERVIEW

DICE GUIDELINES

- * The event must be open to the entire campus.
- * The event must take place on the Notre Dame campus.
- * It must take place on a Thursday, Friday or Saturday night between the hours of 9:00pm and 2:00am.
- * The funding must be used only for expenses that add value to the participants' experience (e.g., refreshments, better quality performer).
- * No admission fee or required donation can be charged at the event.
- * The event can not be used as a fund raiser for the sponsoring group.
- * The event must be publicly announced and advertised. All publicity must include the Student Activities Office published on it and be approved by the Student Development Coordinator.
- * The event must be within the scope of the student group's mission.
- * A SAO staff member will be assigned to assist the group with the event.
- * The student group must provide volunteers to staff the event.
- * Any and all disputes regarding selected dates for entertainment, booking of entertainer or other matters will be determined by the Student Activities Office. These decisions will be final.

Please check one: New Event Funding Event Enhancement Funding

Proposed Event Title: _____

Proposed Date: _____ Day of Week (please circle one): Thursday Friday Saturday

Proposed Time of Event: Start Time: _____ End Time: _____ Proposed Location: _____

Is the proposed date and time flexible (i.e. are you willing to change the date, if necessary)? yes no (reason: _____)

Coordinating Student Group: _____ Number of Members in Group: _____

Contact Person: _____ Phone: _____ E-Mail: _____

DESCRIPTION OF ACTIVITY

Please provide a brief description of the proposed event/activity in the space below.

HOW DOES THIS ACTIVITY FIT INTO THE MISSION OF YOUR GROUP?

**Please return worksheets A and B to:
Student Activities Office
315 LaFortune Student Center
631-7308**

DOLLARS FOR INNOVATIVE & CREATIVE ENTERTAINMENT (DICE) WORKSHEET B: BUDGET ANALYSIS SHEET

Please check one: New Event Funding Event Enhancement Funding

Proposed Event Title: _____

Coordinating Student Group: _____ Co-Sponsors: _____

REQUESTED	FUNDED	TYPE OF EXPENSE	NOTES
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PUBLICITY EXPENSES

\$	\$	Observer Ads	Sizes/Dates:
\$	\$	Flyers/Posters	
\$	\$	Table Tents	Dates/Locations:
\$	\$	LSC/DH Banners	
\$	\$	Other:	Explain:
\$	\$	Other:	Explain:

OPERATIONS/PRODUCTION

\$	\$	Facility Rental	
\$	\$	Staffing/Security	
\$	\$	A/V ~ Sound Equipment	
\$	\$	Decorations	
\$	\$	Other:	

ENTERTAINMENT/SUPPLIES

\$	\$	Honorarium for Entertainment	
\$	\$	Activity Supplies	
\$	\$	Prizes/Incentives	
\$	\$	Food	
\$	\$	Other:	
\$	\$	Other:	

\$	\$	TOTAL EXPENSES
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INCOME *Enter all income as a negative number (example -\$500.00)*

\$	\$	Sponsoring Group Contribution	
\$	\$	Residence Hall Co-Sponsors	
\$	\$	Club/Organization Co-Sponsors	
\$	\$	Other Co-Sponsors	

\$	\$	NET REQUEST
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Please attach a description of the event and any supporting materials pertinent to this application.

OFFICE USE ONLY	Date Received: _____	Meeting Date: _____	Decision: \$ _____
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