| **Club/Society Information** |
| --- |
| Club/Society Name |  |
| Club/Society Contact Email |  |
| Event Organiser Name |  |
| Event Organiser Contact Number |  |
| Event Organiser Contact Email |  |

| **Event Details** |
| --- |
| Event Title |  |
| Description of Event |  |
| Start/End Date |  |
| Start/End Time |  |
| Event Location |  |
| Have you received approval from the event location? |  |
| Estimated Numbers |  |
| Other Clubs/Societies involved |  |
| Is this a ticketed event?* Native?
* Cash Sales?
* Other?
 |  |
| Work permits required? |  |
| Letter of Indemnity required? |  |

| **Event Running Order** Fill out in chronological order |
| --- |
| **Time** | **Details** | **Person Responsible** |
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| **Event Breakdown** |
| --- |
| **Outline** | **Details** | **Cost** | **Confirmed?** |
| Event Location |  |  |  |
| Tickets |  |  |  |
| Wristbands |  |  |  |
| Decorations |  |  |  |
| Advertising:(Posters/Flyers) |  |  |  |
| Photographer |  |  |  |
| Videographer |  |  |  |
| Entertainment:(DJ/Band/Act) |  |  |  |
| External Guests |  |  |  |
| Raffle Prizes / Competition |  |  |  |
| Refreshments/ Catering |  |  |  |
| Other: |  |  |  |
| **The following must be booked by C&S Events (if required)** |
| Security |  |  |  |
| Medic |  |  |  |
| Sound/Light Technician |  |  |  |
| Cleaners |  |  |  |
| Other: |  |  |  |

| **Ticket Breakdown** If required* Use each row to gradually increase number of tickets to determine break even point
 |
| --- |
| **Ticket Amounts** | **Ticket Price** | **Ticket Income** | **Other Funding** | **(A) Total Income** | **(B) Total Expenses** | **Final Total (A - B)** |
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| **Finance Plan*** Add up Total Income (A) and minus Total Expenses (B) to find Profit/Loss (A-B)
* Please note this is not an approved Budget and is subject to approval from CLC/SLC
 |
| --- |
| **Description** | **Total/Estimated Amount** |
| Income: |
| Ticket Sales |  |
| Committee Funding (Bank Account) |  |
| C&S Budget Allocation |  |
| Sponsorship |  |
| Other: |  |
| (A) Total Income |  |
| Expenses: |
| Event Location |  |
| Decorations |  |
| Security |  |
| Medic |  |
| Sound/Light Technician |  |
| Other: |  |
| (B) Total Expenses |  |
| (A - B) Total Profit/Loss |  |

| **Risk Assessment** Required for all events |
| --- |
| **Hazard / Activity** ***with potential to cause injury*** | **Controls Already in Place** | **Risk Category****(High/Medium/Low)** | **Further Controls Being Implemented****To Reduce Risk**  | **Date to be Completed** |
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| **Additional Information/Assistance** |
| --- |
| (For immediate assistance contact clubsandsocsevents@dcu.ie)  |  |

| **Check-List** |
| --- |
| **Task** | **Yes / No** |
| Has the [SLC Accessibility Policy](https://cdn.dcuclubs.ie/docs/resources/Review_of_accessibility_policy.pdf) been referred to? |  |
| Have you read and does your event abide by the following policies?* [Alcohol & Drug Policy](https://www.dcu.ie/policies/student-alcohol-policy)
* [Sexual Misconduct Policy](https://www.dcu.ie/policies/sexual-misconduct-policy-students)
* [Respect & Dignity Policy](https://www.dcu.ie/system/files/finance_editor/2023-11/210-dignity_and_respect_policy_v1.0.pdf)
 |  |

| **Sign-off** Two committee members to sign-off |
| --- |
| **Name** | **Committee Position** |
|  |  |
|  |  |