



# UIDANCE MARATHON

*Creating tomorrow by dancing today.*

157 Iowa Memorial Union  
Iowa City, IA 52242  
319.335.3059  
[www.dancemarathon.org](http://www.dancemarathon.org)  
[dance-marathon@uiowa.edu](mailto:dance-marathon@uiowa.edu)

Please complete the following form to the best of your abilities and return to Claire Stufflebeam (Elementary and Middle School Programs) or Natalie (High School Programs) at the email addresses listed below. If you have any questions or need assistance, do not hesitate to reach out to Claire, Natalie, or Alex. We are here to help, and thank you for joining us in providing emotional and financial support to the kiddos and families who are undergoing treatment for pediatric oncology and bone marrow transplants at the University of Iowa Stead Family Children's Hospital!

**Claire Stufflebeam**

Elementary/Middle Schools  
Mini-Dance Marathon Co-Chair  
[dm-minidmchair@uiowa.edu](mailto:dm-minidmchair@uiowa.edu)

**Natalie Wirtz**

High Schools  
Mini-Dance Marathon Co-Chair  
[dm-minicochair@uiowa.edu](mailto:dm-minicochair@uiowa.edu)

**Alex Anderson**

Outreach Director  
[dm-outreach@uiowa.edu](mailto:dm-outreach@uiowa.edu)

**Mailing Address**

Attn: Tracey Pritchard  
157 Iowa Memorial Union  
Iowa City, IA 52242.

*The University of Iowa Dance Marathon creates and sustains special projects to provide emotional and financial support for pediatric oncology and bone marrow transplant patients and their families treated at the University of Iowa Stead Family Children's Hospital.*

**SPECIAL EVENT PROPOSAL  
AND CODE OF CONDUCT AGREEMENT**

University of Iowa Dance Marathon appreciates your interest in holding a fundraising event to benefit the children and families undergoing treatment at the University of Iowa Stead Family Children's Hospital. Please fill out the following proposal form to indicate your acceptance of the terms and conditions herein by returning a signed copy to us via email.

Once your form has been received and approved, one of our Mini-Dance Marathon Representatives will be in contact with you via email.

**Sponsor/Event Information:**

**Event Name:** \_\_\_\_\_

**School/Sponsor of Event Name:** \_\_\_\_\_

**School/Sponsor Address:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_      **Event Time:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Please send your school's logo to be put on the UIDM website.**

**Advisor Information:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**2<sup>nd</sup> Advisor Information (if applicable):**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

The teacher, administrator, counselor, or other adult(s) identified above will be the primary contact person(s) utilized by UIDM. If applicable, student representatives may also be in communication with UIDM along with the primary contact person.

**Student Leadership Information**  
(if applicable)

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**Email:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Event Information**

**Please briefly describe the Event being held. Will it be in the form of a Miracle Dance, 5K, Sports Tournament, etc.?** If a Miracle Dance is being held, will there be an admission fee or dancers fundraising a minimum in order to attend?

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**Monetary goal for the year:** \_\_\_\_\_

**What resources do you request from UI Dance Marathon?**

Volunteers?                      Yes:                      No:

If yes, Lime/Morale Captains Specifically\*:

Online Giving Page?              Yes:                      No:

GroupMe with UIDM Leaders?    Yes:                      No:

The Outreach Committee can assist you with things like student leadership organization and development, public relations tips and tricks, and teaching best practices in things like working with donors, sponsors, participants, etc. **List any program development type things below that you would like assistance with.**

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**Anything else we can provide?**

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\*Lime & Morale Captains can perform our "Morale Dance" that is aprox. 5 min long

**Terms & Conditions**

1. By claiming you are hosting a Mini Dance Marathon, you are stating that your event directly benefits the University of Iowa Dance Marathon. Therefore, all of the net proceeds resulting from the event will be given to UIDM. If this is not the case, please notify one of the individuals listed at the top of this document prior to the approval of your event.

2. Please submit all funds raised within 30 days of the commencement of your event, unless otherwise explicitly discussed with a representative from UIDM. Checks can be made payable to: University of Iowa Dance Marathon and sent to:

**Attn:** Tracey Pritchard  
157 Iowa Memorial Union  
Iowa City, IA, 52242.

3. The teacher, administrator, counselor, or other adult identified in the Sponsor/Event Information section will be the primary contact person(s) utilized by UIDM. If applicable, student representatives may also be in communication with UIDM along with the primary contact person.

We are deeply grateful to you for proposal of this event to benefit the University of Iowa Dance Marathon. It is because of devoted individuals like you that we have been able to provide so much emotional and financial support to our kiddos and families treated at the University of Iowa Stead Family Children's Hospital.

**PROPOSED BY:**

**APPROVED BY:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Mini Dance Marathon Advisor Signature

\_\_\_\_\_  
UI Dance Marathon Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**THE UNIVERSITY OF IOWA**  
**Dance Marathon Mini Event**  
**MEDIA RELEASE**

**Event Name:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

I grant **Dance Marathon, the University of Iowa**, and persons acting for or through them the right to use, reproduce, assign, and/or distribute images, audio and video recordings, and likenesses in any medium whatsoever, of our event, for the purpose of promoting **Dance Marathon, the University of Iowa**, any of its programs or Centers, or for any other lawful purpose, without payment to me. The University, its successors and assigns shall own all right, title and interest, including the copyright, to any such image, recording, or likeness.

I hereby release and hold harmless the Board of Regents, State of Iowa; the University of Iowa; and the State of Iowa, as well as each of their respective agents and employees from any and all claims, including but not limited to claims of infringement, damages or remuneration, for invasion of privacy, defamation, or misappropriation, or otherwise arising from such use.

Printed Name of Advisor: \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date