



# BERT Request Form

Organization Name: \_\_\_\_\_

Description of Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Dates for BERT Use  
(Must Fill Out Both)

\_\_\_\_\_ to \_\_\_\_\_

-OR-

\_\_\_\_\_ to \_\_\_\_\_

Proposed Times for BERT Use

\_\_\_\_\_ to \_\_\_\_\_

-OR-

\_\_\_\_\_ to \_\_\_\_\_

Location (Must Fill Out): \_\_\_\_\_

\_\_\_\_\_

Club Advisor/Event Supervisor

\_\_\_\_\_

Club President (if applicable)

## Student Government Use:

Approved on: \_\_\_\_\_

Denied on: \_\_\_\_\_ Reason: \_\_\_\_\_

Vice President of Programming: \_\_\_\_\_

Director of Student Involvement: \_\_\_\_\_