REGATTA PLAN APPLICATION

1. Name of marine regatta (parade) ____________________________________________

2. Date(s) of event __________________________________________________________

3. Body of Water __________________________ If navigable river, give river mileage ______

4. Starting time __________________________ Estimated time of finishing ____________

   Schedule of races (events) _________________________________________________

5. Name and address of 
   sponsoring organization (Name) __________________________
   (Address) ________________________________________________

6. Name, address and telephone 
   number of person to contact for further details of this event  
   - if necessary (Name) _______________________________________
   (Address) ________________________________________________
   (Phone) __________________________________________________

7. Nature or purpose of this event ___________________________________________

8. Extent general public interest _____________________________________________

9. Estimated number and type of spectator craft ______________________________

10. Estimated number and type of participating craft __________________________

11. Would the assignment of a Coast Guard Auxiliary patrol be desirable to assist in patrolling this event?  □ YES  □ NO (check one)

12. If the event is being sanctioned by a recognized body, give the name of the organization. ____________________________________________

13. Attach a section of a chart or scale showing courses, areas to be used by spectator craft, participating craft, and location of pick-up or stake boats furnished by the sponsor.

NOTE: The Illinois Boat Registration and Safety Act (Ill. Comp. Stat., Ch. 625, Section 45/5-15) requires that this form be completed and received by the Department of Natural Resources at least 30 days prior to the date of the event.

The approval of this application does not authorize the closure of any navigation channel to other boating traffic.

Send to:  ill. Department of Natural Resources  
          Office of Law Enforcement  
          One Natural Resources Way  
          Springfield, IL 62702-1271

Signature of Chairman ____________________________

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Chapter 625. Disclosure of this information is required. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center.  
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