



**Illinois**  
Department of  
Natural Resources

**Department of Natural Resources  
Office of Law Enforcement**

Date of Application \_\_\_\_\_

**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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