Department of Homeland Security US Coast Guard (CG-4423) (Rev 10-06)	APPLICATION FOR APPROVAL OF MARINE EVENT Date Submitted						
INSTRUCTIONS				13 Have any objections been received from other interested parties? If YES, explain:			
Please complete on a typewriter or print in black ink (for reproductions).					ave any objection	3 Deen received	Trom oner interested parties: If 120, explain.
 This application <u>must</u> reach Sector Southeastern New England at least 135 days prior to a new event and 60 days prior to a recurring event. 				14 V	essels Provided b	y Sponsoring O	Organization for Safety Purposes (number and description)
Attach a selection of a chart or a scale drawing showing boundaries and/or courses and markers contemplated							
 Submit a copy of your entry requirements, and any special rules pertaining to equipment, regs or procedures 							
1 NAME OF EVENT		2 DATE OF EVENT		15 Does The Sponsoring Organization Deem Their Patrol Adequate For Safety Purposes? If NO, explain:			
3 LOCATION		4 - TIME (from, to)					
5 NAME AND ADDRESS OF SPONSORING ORGANIZATION (include phone # and e-mail address)				16 IS A COAST GUARD OR COAST GUARD AUXILIARY PATROL REQUESTED FOR CONTROL OF SPECTATOR AND/OR COMMERCIAL TRAFFIC? If YES, how many vessels do you recommend and why:			
A NO DARTICIDANTO				4			AS MULEDE MULE DEDOCATION IN CHARGE DE BURBIA
6 NO PARTICIPANTS	7 SIZES OF BOATS			17 PE	ERSON(S) IN CHAF	KGE	18 WHERE WILL PERSON(S) IN CHARGE BE DURING THE EVENT
8 TYPES OF BOATS 9 NO. SPECTATOR CRAFT			19 HOW CAN PERSON(S) IN CHARGE BE CONTACTED DURING THE EVENT? VHF RADIO, CELL PHONE				
10 DESCRIPTION OF EVENT				20 PERSON TO BE CONTACTED FOR FURTHER DETAILS (Name Address, Zip Code)			
10 DESCRIPTION OF EVENT				20 F			
						he undersigned	has the authority to represent the sponsoring organization
				21 SI	GNATURE		22 TITLE
11 WILL THIS EVENT INTERFERE OR IMPEDE THE NATURAL FLOW OF TRAFFIC? If YES, explain:				23 ADDRESS (include Zip code and telephone number)			
12 WHAT EXTRA OR UNUSUAL HAZARD (TO PARTICIPANTS OR NON PARTICIPANTS) WILL BE INTRODUCED INTO THE REGATTA AREA				24 1	O:	Commander USCG Sector S 20 Risho Ave. I East Providence	

The Coast Guard estimates that the average burden for this report form is 25 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-NAB) U. S. Coast Guard, Washington DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0017), Washington, D. C. 20503