



Officer's Name \_\_\_\_\_

End of Watch \_\_\_\_\_

Department \_\_\_\_\_

☐ Accident ☐ Felony ☐ Natural Causes

Your Health Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

In case of emergency, notify:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Detach this registration form and return to the  
C.O.P.S. National Office or register on-line at  
**[www.concernsofpolicesurvivors.org](http://www.concernsofpolicesurvivors.org)**  
by September 6, 2017



Number \_\_\_\_\_

Expiration \_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Authorized Signature of Card:

X \_\_\_\_\_

Send to:

C.O.P.S.  
PO Box 3199  
Camdenton, MO 65020

**For more information, call the  
C.O.P.S. National Office - (573)346-4911**

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### **C.O.P.S. Co-Workers Retreat**

Concerns of Police Survivors, Inc.  
PO Box 3199  
Camdenton, MO 65020

# **CO-WORKERS RETREAT**



**October 6-9, 2017**  
**YMCA Trout Lodge**  
**Potosi, MO**

This program is planned for surviving Co-Workers  
of fallen law enforcement heroes who died in the  
line of duty according to C.O.P.S. criteria.

*C.O.P.S. is a 501(c)(3) corporation.  
Donations are tax deductible.*



## Who is invited to attend the retreat?

C.O.P.S. Co-Workers Retreat is planned for surviving Co-Workers (21 years or older) of law enforcement officers who died in the line of duty, as determined by C.O.P.S. criteria. Other relatives and friends are not eligible to attend.

## How will the retreat benefit me?

C.O.P.S. Co-Workers Retreat will give you the opportunity to attend group and individual sessions specially designed for your needs, participate in outdoor activities, receive support from peers who understand and have a good time in a casual setting that is removed from the stresses of every day life. You can spend October 6 through October 9, addressing your grief needs and unwinding in the evenings with other law enforcement officers who have been through a similar experience. It is our goal for you to leave the retreat feeling relaxed with a continuing support system and sense of personal growth.

## Where is the retreat located?

We will be staying at the YMCA Trout Lodge on Sunnen Lake in Potosi, MO, 90 minutes outside of St. Louis. Participants will be roomed together.

## How do I get to the retreat?

If you are flying, you should plan to arrive at St. Louis Lambert Airport (STL) between 9:00 a.m. and 2:00 p.m. on Friday, October 6. You will be met by a C.O.P.S. representative at the airport and transported to the YMCA Trout Lodge by bus. You will be transported back to the St. Louis Airport on Monday, October 9, by 11:30 a.m. Please be sure your return flight is after 12:30 p.m. to allow time for check-in and security checks.

If you are driving, you will need to arrive at the YMCA Trout Lodge between 3:00-5:00 p.m. on Friday, October 6, and stay through breakfast on Monday, October 9. **Meals and activities are planned; no late arrivals or early departures please.**



## What is the cost of the retreat?

Your only expense is your travel to and from the St. Louis Airport or to and from the YMCA Trout Lodge if you are driving. Providing your credit card information will serve as a deposit for participation in this program. If you attend the retreat as planned, C.O.P.S. will not charge your credit card. Your card could be charged a percentage of the cost per program participant if you fail to cancel your attendance or you do not show up for the program based on the C.O.P.S. Cancellation Policy.

**Deadline for registration is September 6, 2017.**

**Registrations will not be accepted after the deadline date.**

## Code of Conduct:

This program has a Code of Conduct. Breaking that code will cause immediate expulsion from the program. Cost of expulsion will be the responsibility of the affected participant. A copy of the C.O.P.S. Code of Conduct and Cancellation Policy will be sent to you after we receive your registration request. C.O.P.S. and the counselors working with C.O.P.S. reserve the right to pre-qualify applicants and excuse those who may not be suitable for the program. All decisions concerning the same shall be final.

*This event is organized by National C.O.P.S. The sale of merchandise for any cause other than National C.O.P.S. is strictly prohibited. All merchandise sold or distributed at any Hands-On Program must be approved by National C.O.P.S. prior to the program.*

## C.O.P.S. Co-Workers Retreat

(please print or register online at [www.concernsofpolicesurvivors.org](http://www.concernsofpolicesurvivors.org))

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Is this a Department Address? ☐ Yes ☐ No

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Roommate Preference:

If you have a medical condition or dietary concerns we should be aware of, please describe below:

Arrival flight information on October 6:

| Airline | Flight # | Time |
|---------|----------|------|
|---------|----------|------|

Departure flight information on October 9:

| Airline | Flight # | Time |
|---------|----------|------|
|---------|----------|------|

☐ I will be driving. Please send detailed directions.

(continued on reverse side)

**WWW.CONCERNSOFPOLICESURVIVORS.ORG**