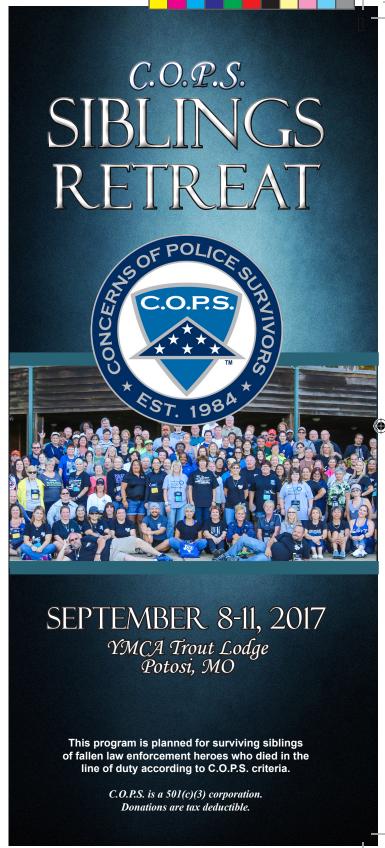


Officer's Name
End of Watch
Agency
☐ Accident ☐ Felony ☐ Natural Causes
Your Health Insurance
Policy Number
In case of emergency, notify:
Name
Relationship
Home Phone
Cell Phone
Detach this registration form and return to the C.O.P.S. National Office or register on-line at concernsofpolicesurvivors.org by August 8, 2017.
<b>₩ Wastercald</b>
Number
Expiration/

Non Profit Org.
US Postage
PAID
Osage Beach, MO
Permit NO 777

# COPS. SIBLINGS RETREAT

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



Billing Zip Code

Send to:

C.O.P.S. PO Box 3199

Authorized Signature of Card:

Camdenton, MO 65020

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





### WHO IS INVITED TO ATTEND THE RETREAT?

C.O.P.S. Siblings Retreat is planned for surviving siblings and their spouse/domestic partner (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?

Surviving siblings have at times been referred to as the "forgotten ones" due to putting their grief aside to help the surviving parents, spouses and children. Siblings that attend this program find relief in having an outlet to express themselves with others who know how they feel. At the retreat, you will attend seminar sessions designed for your needs, participate in challenging and fun activities, and unwind in the evenings with new-found friends. It is our goal for you to leave the retreat feeling relaxed with a support system of peers and knowledge to help you in the future.

## 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. Couples will be roomed together; those attending alone will share a room with another attendee.

### 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, September 8. 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, September 11, 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, September 8, and stay through breakfast on Monday, September 11. **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 (if flying) or to and from the YMCA Trout Lodge (if 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. If you fail to cancel your reservation or do not show up for the program, your card could be charged a percentage of the cost per participant. A copy of the C.O.P.S. Cancellation Policy will be sent to you after we receive your registration request. **Deadline for registration is August 8, 2017. Registrations will not be accepted after the deadline date.** 

### CODE OF CONDUCT:

In order to provide a safe environment for all participants, C.O.P.S. has established and utilizes a Code of Conduct. Failure to abide by this code is cause for immediate expulsion from the program. Cost of expulsion will be the responsibility of the affected participant. C.O.P.S. and its counselors reserve the right to pre-qualify applicants and excuse those who may not be suitable for the program. All decisions concerning participation shall be final. A copy of the Code of Conduct will be sent to you after we receive your registration request.

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. Siblings Retreat

(please print or register online at concernsofpolicesurvivors.org)

Attendee Name:			
Spouse/Domestic Partner Name: (if attending)			
Address			
City	State 2	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 September 8:			
Airline	Flight #	Time	
Departure flight information on September 11:			
Airline	Flight #	Time	
☐ I/We will be driving. Please send detailed directions.			

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