

**2019 RETREAT STATEMENT OF ELIGIBILITY**

*For Treasurer's use only*

Date Paid: \_\_\_\_\_

Check # \_\_\_\_\_

WASateC.O.P.S offers **UP TO** \$600 per person

By accepting financial assistance from WASateC.O.P.S. for the purpose of attending National Concerns of Police Survivors' Hands On Programs, I agree to the following:

- 1.  I did / will travel to the retreat
- 2.  I did / will attend appropriate C.O.P.S. sessions and programs offered to me at the retreat
- 3.  I have provided proof of attendance (airfare receipt, confirmation by National C.O.P.S., etc.)

By checking this box, I understand that to be eligible for this assistance:

- 1. I must be a survivor of, or support for, a law enforcement officer who died in the line of duty as defined by federal criteria
- 2. I am a resident of the state of Washington
- 3. I did not / have not received funds from another C.O.P.S. chapter or any other organization for the same travel and/or event participation

***I am a/an (circle appropriate survivor type – if you are the spouse of an LODD survivor, or accompanying a child to Kids camp, circle the box for their survivor type):***

Spouse	Fiancé / significant other	Parent / step-parent	Sibling	Child	Extended family
Adult child	Affected Co-worker	Support personnel	Special Circumstance		(grandparent, in-law, cousin, etc.)

By checking this box, I understand that if I did not comply with these requirements, but received payment to attend a National Concerns of Police Survivors event, I will reimburse WASateC.O.P.S. that payment.

*NOTE: We are not responsible for, and will not reimburse, for cancelled / missed flights*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home number \_\_\_\_\_ Cell number \_\_\_\_\_

Email completed form and proof of attendance to [info@washingtonstatecops.org](mailto:info@washingtonstatecops.org) or mail to P.O. Box 111772, Tacoma, WA, 98411-1772