

## Mitch and Janice Barwick 110 mimosa court Licking, MO 65542

## Application

| Your Name:             | First Name                   |
|------------------------|------------------------------|
|                        | Last Name                    |
|                        | Email address                |
| Your Mailing           | Address: Street              |
|                        | City State Zip               |
| Your contact           | Phone #Day Cell Phone#       |
| Your Officer' Law Enfo | prcement Department          |
| City &                 | z State                      |
| End Of W               | atch date                    |
|                        | Line of Duty Death Yes Or NO |
| Your relations         | ship to the Fallen Officer:  |
| Want Help W            | ith:                         |
|                        |                              |
|                        |                              |

Member of board of director will contact you and make a decision.

All recipients agree to register with Concerns of Police Survivors and stay at C.O.P.S. Hotels; arriving and leaving according to C.O.P.S. planned event dates. Also must fly into Ronald Reagan National Airport DCA between 9a.m. and 6.p.m. . Arriving on any other date, any other time or any other airport, you will need to arrange transportation to hotel.

Our Contact Information: mitchell437@centurylink.net Phone# 573-674-2406