



CALIFORNIA NARCOTIC OFFICERS' ASSOCIATION

REGION 4

(SAN DIEGO AND IMPERIAL COUNTY)



1st Annual Fallen Officers' Golf Tournament

Benefiting the Survivors' Memorial Fund

Monday, October 26, 2009

Riverwalk Golf Course

1150 Fashion Valley Rd, San Diego, CA 92108

Registration: 6:30 AM
Shotgun Start: 8:00 AM

Entry Fee: \$110.00 per person
Green Fees, Cart, T-shirt

Continental Breakfast, Beverages, Banquet Luncheon & Raffle

The **Survivors' Memorial Fund** was established in 1991 by the **California Narcotic Officers' Association (CNOA)**. It was designed to provide immediate financial assistance to the families of all California law enforcement officers who paid the ultimate price by losing their lives in the line of duty. Since its inception, the Fund has assisted more than 162 families in their time of need.

2008 was another costly year for our California Law Enforcement family. We lost 14 officers from Federal, State and Local departments.

The Survivors' Memorial Fund Golf Tournament is the primary financial source for the memorial fund. Without the success of this annual event the Survivors' Memorial Fund would not be able to continue providing the level of financial support to the families of our fallen officers that we are committed to provide. The Survivors' Memorial Fund Golf Committee is dedicated to presenting a memorable and exciting day of golf for you, while raising the necessary funds for the Survivors' Memorial Fund.

Donations will still be graciously accepted if you are unable to attend.

Please join us for this fun filled day.

Player Registration:

(Individual or 4-some teams)

3. Name: _____
Company: _____
Address: _____
Phone: _____
Email: _____
Shirt Size: S M L XL XXL

1. Name: _____
Company: _____
Address: _____
Phone: _____
Email: _____
Shirt Size: S M L XL XXL

4. Name: _____
Company: _____
Address: _____
Phone: _____
Email: _____
Shirt Size: S M L XL XXL

2. Name: _____
Company: _____
Address: _____
Phone: _____
Email: _____
Shirt Size: S M L XL XXL

Payment:

Checks Payable to: CNOA

Enclosed Check # _____ for the amount of \$ _____ .00

Please return completed form and payment by October 1, 2009 to:

CNOA Region IV

P.O. Box 370024, San Diego, CA 92137