



California Patrol Officers' Association
Survivors' Memorial Fund
P.O. Box 2428
West Covina, CA 91793

Survivors' Memorial Fund



2009



June 29th, 2009
SeaCliff Country Club

In Memoriam

In memory of those officers who paid the ultimate price by sacrificing their lives in the line of duty in 2008, with the hope of making California a better place to live.

Agent Luis Aguilar
U.S. Border Patrol-Yuma
01/19/08

Sgt. Paul Starzyk
Martinez Police Dept.
09/06/08

Officer Randal Simmons
Los Angeles P. D.
01/07/08

PO Irene Rios
Imperial Co. Probation Dept.
08/13/08

Agent Jarod Dittman
US Border Patrol- San Diego
03/30/08

Officer Spree Desha
Los Angeles P. D.
09/12/08

Special Agent Aaron Garcia
Union Pacific Railroad P.D.
05/07/08

Officer Bradley Moody
Richmond P. D.
10/07/08

Deputy James Throne
Kern Co. S. D.
05/23/08

Special Agent Patrick Dillon
DOJ/BNE Orange
04/14/07

Sr. Inv. Laura J. Cleaves
Santa Barbara Co. DA
05/01/08

Deputy Lawrence Canfield
Sacramento Co S.D.
11/12/08

Deputy Jose Diaz
Yolo County Sheriffs Dept.
05/15/08

Officer Joseph Sanders
CHP-Santa Fe Springs
12/15/08

Please join us for the
Thirteenth Annual
Survivors' Memorial Fund
2009
Golf Tournament

Sea Cliff Country Club

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 come out and join us for this fun filled day!

Schedule of Events

8:00 A.M.

- Registration
- Continental Breakfast
- Open Driving Range
 - Tee Prizes
 - Games

10:00 A.M.

- Shotgun Start
Scramble Format

Lunch and drinks provided on the course
Reception immediately following golf

5:00 P.M.

- Banquet
Awards, auction and
door prize presentations

Country Club Attire:
Slacks or Bermuda Shorts, Collared Shirt
No metal spikes.

SeaCliff Country Club
6501 Palm Avenue
Huntington Beach, CA 92648
Phone (714) 536-8866
Fax (714) 536-2417

DIRECTIONS —From the 405 – Southbound Golden West to Palm, right turn on Palm to Country Club on the right.

For more information contact:

Richard Sloan (626) 960-3328
rmsloan626@verizon.net

Or
CNOA 661-775-6960
info@cnoa.org

As an IRS 501 c (3) charitable organization, CNOA SMF distributes every dollar raised, with the exception of minor expenses associated with fund-raising activities, to the families who have suffered the ultimate loss. Tax ID #95-4462989

Sponsor Packages

(For additional Sponsor Package options and Contribution opportunities, please contact CNOA)

- Gold Sponsor \$5,000**
 - Foursome package (4 Player Pkgs)
 - Framed Tee Sign
 - Banner
 - Magazine Acknowledgement
 - Tournament program acknowledgement
 - Four additional banquet tickets

- Foursome Package \$1000**

- Officer Tribute Sponsor \$500**
 - Hole Sponsorship (Sign on Tee)
 - Plaque
 - Magazine Acknowledgement
 - Tournament program acknowledgement

- Player Package \$250**
(# of Players _____ x \$250.)

Player packages include:

- Driving Range
- Green fees and cart
- Breakfast, Lunch and Beverages
- Fabulous Tee Prizes
- Reception & Dinner Banquet
- Foursome photo plaque

- Tee/Hole Sponsor \$250**

- Mulligan Package \$50**

Total \$ _____

Enclosed is my check payable to SMF Golf
Tournament in the amount of \$ _____

Please charge my (circle one)
Visa / MasterCard / AMEX \$ _____

Card Number _____ Expires _____

Card Holder _____

Signature _____

Registration Form

Player Information

Player 1 _____
Company _____
Address _____
Phone _____
e-mail _____ Shirt Size _____

Player 2 _____
Company _____
Address _____
Phone _____
e-mail _____ Shirt Size _____

Player 3 _____
Company _____
Address _____
Phone _____
e-mail _____ Shirt Size _____

Player 4 _____
Company _____
Address _____
Phone _____
e-mail _____ Shirt Size _____

Sponsored holes will be dedicated to fallen officers.

Banner copy (maximum 40 letters):

Please mail completed form and appropriate payment to:

**Survivors' Memorial Fund Golf
Tournament
P.O. Box 2428
West Covina, CA 91793**