THAT OF GOD APPLICATION FORM

SHIPPING ADDRESS: Allow two to three weeks for standard delivery. Overnight shipping requires a street address and correct zip code.

Name _____

Address _____

City _____ State _____ Zip _____

Day phone _____ Email _____

CANDIDATE'S INFORMATION:

Name _____Age_____Grade_____

Address _____

City _____ State _____ Zip _____

Agency: □ Boy Scouts of America   □ Girl Scouts of the U.S.A.   □ Other: _____

Monthly Meeting / Church _____

Address _____

City _____ State _____ Zip _____

CERTIFICATION

This is to certify that the candidate has fulfilled the requirements for the THAT OF GOD emblem.

_____   _____   _____
Parent Signature and Date   Clerk/Pastor's Signature and Date   Unit leader's Signature and Date

ORDER INFORMATION

_____	Medal	$15.00	_____
_____	Required Registration Fee per student	$.50	_____
_____	Required Shipping/Handling Fee per order *	$4.50	_____
	TOTAL (Prices Subject to Change)		_____

> * SHIPPING – All orders are assessed a standard shipping/Handling fee per shipping address (orders shipped together are assessed one fee) and are sent via First Class Mail. To upgrade shipping, visit www.praypub.org for explanation and fees.

Upgraded Shipping Options: By selecting an option below, you agree to pay special Shipping fees, which will be added to your Grand Total

❏ USPS Priority Mail 2-3 days not guaranteed (additional fees apply)   _____
❏ Ground 3-5 days – No PO Boxes (additional fees apply)   _____
❏ Expedited – 1 or 2 days – No PO Boxes (additional fees apply)   _____

FAX SERVICE 314-845-0038 All fax orders are assessed $6.00. $6.00   _____
Faxes received by noon CST will be processed and shipped that same day.
The fax fee is assessed per shipping address (orders shipped together are assessed one fee).

GRAND TOTAL (amount of order plus special fees)   _____

All orders must be sent with payment in full by check (payable to "P.R.A.Y."), money order, or credit card. If credit card, please provide the following information:
Check one: □ MasterCard   □ Visa   □ Discover

Cardholder's Name _____

Acct # __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration Date: _____ CV2 code _____

The CV2 code is the last three digits on the backside of the credit card in the signature box.

Cardholder's Address _____

Phone (Day contact) _____Signature _____

> Visit www.praypub.org for current prices.
>
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>
> **P.R.A.Y.**
> **11123 S. Towne Square, Ste. B**
> **St. Louis, MO 63123**
> **1-800-933-7729**
> **Fax 314-845-0038**
>
> Dec 2013 Printing

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