

Online ordering available at www.praypub.org

God and Family Multiple Order Form – Part A

Incomplete forms will be returned. Use this Multiple Order Form or collect the individual award application forms included in each of the Student Workbooks.

Shipping Address: Allow two to three weeks for delivery. Overnight shipping requires a street address & correct zip code.

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (day contact) _____ Email _____

Church Information: Provide the following information for the church that sponsored the program or whose pastor reviewed the candidate's work.

Name of congregation _____
 Denomination (Church Body) _____
 Address _____
 City _____ State _____ Zip _____
 Pastor's name _____ Email _____
 Who was responsible for coordinating and/or teaching the class? Who served as counselor?
 Counselor's name _____ Email _____

Certificate Of Copyright Compliance

I certify that each candidate had an original workbook in accordance with the regulations set forth in the program. I understand that a \$2.00 duplication fee must be paid for each booklet that was photocopied.

Signature _____ Date _____

Certificate of Eligibility: The pastor's signature is preferred; however, other signatures will be accepted.

I certify that the candidates have successfully completed the requirements for the *God and Family* program and have presented their work to the pastor for final approval.

Signature _____ Date _____

QTY	STOCK#	ITEM	PRICE	TOTAL
___	002F3	God and Family Medallion	\$9.50	_____
___	001FN	God and Family Embroidered Patch	\$3.00	_____
___	002F6	God and Family 3/4" Lapel Pin	\$5.50	_____
___	001F9	God and Family Certificate	\$1.00	_____
___	002F8	Counselor Pin	\$5.50	_____
___	001FC	Counselor Patch	\$3.00	_____
___	CC1F9	Counselor Certificate	\$1.00	_____
___	MM2F3	Mentor Pin	\$5.50	_____
___	MM1F5	Mentor Patch	\$3.00	_____
___	MM1F9	Mentor Certificate	\$1.00	_____
___		Duplication Fee (\$2.00 per photocopied booklet)	\$2.00	_____
___		Required Registration Fee per student	\$.50	_____
___		Required Shipping/Handling Fee per order*	\$3.50	_____
<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> PRICES SUBJECT TO CHANGE. CHARGES WILL BE ADJUSTED. </div>			TOTAL (Prices Subject to Change)	_____

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 1-2 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) _____

Registration continued on next page

All orders must be sent with payment in full by check, 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 located in the signature box.

Cardholder's Address _____

Phone (Day contact) _____

Signature _____

*** 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.

For current prices and information go to www.praypub.org or call 800-933-7729. Send this form and payment to
P.R.A.Y.
11123 S Towne Square, Ste. B
St. Louis, MO 63123
2009 Printing

God and Family Multiple Order Form – Part B

Recipient Registration Form

The following information must be provided for each candidate to ensure proper registration at church and agency headquarters. Incomplete forms will be returned. List youth recipients only (do not include counselors and mentors). You may make additional copies of this form if needed.

	NAME First Last	ADDRESS Street, City, State, Zip	DENOM¹	AGENCY²
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

1 Please indicate the denomination of each candidate (regardless of where the God and Family class was taught). You may use the following abbreviations:
 AOG = Assembly of God; AME = African Methodist Episcopal; AMZ = African Methodist Episcopal Zion; BAP = Baptist; BRE = Brethren; COG = Church of God; CMA = Christian Missionary Alliance;
 CME = Christian Missionary Episcopal; CUM = Cumberland Presbyterian; DOC = Christian Church (Disciples of Christ); ELCA = Evangelical Lutheran Church in America; EPS = Episcopal; IND = Independent;
 LCMS = Lutheran Church-Missouri Synod; LUT = Lutheran; MEN = Mennonite; NAZ = Nazarene; PCA = Presbyterian Church in America; PEN = Pentecostal; PRE = Presbyterian Church (U.S.A.);
 PRO = no church affiliation; REF = Reformed; SDA = Seventh Day Adventist; UCC = United Church of Christ; UMC = United Methodist Church; WES = Wesleyan.

2 Agency Information: B = Boy Scouts of America; G = Girl Scouts of the U.S.A.; C = Camp Fire U.S.A.; H = American Heritage Girls; O = Other (please indicate if Sunday School or other agency membership)