

ETZ CHAIM APPLICATION FORM

SHIPPING ADDRESS: Allow two to three weeks for 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 _____ Rank _____

Address _____

City _____ State _____ Zip _____

Unit number _____ Council _____

CERTIFICATION

This is to certify that _____ has fulfilled the requirements of the Etz Chaim Program. He or she is worthy of the award.

Unit Leader Signature and Date

Parent or Guardian Signature and Date

Rabbi or Counselor Signature and Date

Local council Jewish Committee (if one exists) Signature and Date

Certification by the local council **(REQUIRED SIGNATURE!)**

ORDER INFORMATION

| | | |
|--|---------|-------|
| _____ Medal and Certificate | \$11.00 | _____ |
| _____ Required Registration Fee per student | \$.50 | _____ |
| _____ Required Shipping/Handling Fee per order * | \$3.50 | _____ |

TOTAL (Prices Subject to Change) _____

Check one (if nothing is checked, your order will be shipped First Class Mail)

| | |
|--|-------|
| <input type="checkbox"/> Standard shipping via First Class Mail through the USPS (fees paid above) | n/a |
| <input type="checkbox"/> USPS Priority Mail 2-3 days not guaranteed (additional fees apply) | _____ |
| <input type="checkbox"/> Ground 3-5 days – No PO Boxes (additional fees apply) | _____ |
| <input type="checkbox"/> Expedited – 1 or 2 days depending on zip code – (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, 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 _____

* 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.

Send this form and payment to:

Nat'l Jewish Committee on Scouting
c/o P.R.A.Y.
11123 S. Towne Sq. Ste B
St. Louis, MO 63123
1-800-933-7729
Fax 314-845-0038

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