

# MACCABEE 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pack number \_\_\_\_\_ Council \_\_\_\_\_

## CERTIFICATION

This is to certify that \_\_\_\_\_ has completed the Maccabee emblem requirements. We recommend that he be approved for this honor.

\_\_\_\_\_  
Parent Signature and Date

\_\_\_\_\_  
Counselor Signature and Date

\_\_\_\_\_  
Synagogue or School

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

## 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](http://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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