

FOUR STAR RECIPIENT APPLICATION FORM

SHIP TO (Allow two to three weeks for delivery.)

Name _____

Address _____

City _____ State _____ Zip _____

Day phone _____ Email _____

CANDIDATE'S INFORMATION AND SIGNATURE

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

I have completed God and Me, God and Family, God and Church, and God and Life and am eligible to be recognized as a Four Star Recipient. Candidate's Signature _____

What are your best memories of the P.R.A.Y. programs? _____

How has the P.R.A.Y. program impacted your life? _____

CHURCH INFORMATION

Denomination (Church Body) _____

Name of Congregation _____

Address _____

City _____ State _____ Zip _____

Pastor's Name _____ Email _____

AGENCY INFORMATION

Circle one: Boy Scouts of America Girl Scouts of the U.S.A. Camp Fire USA American Heritage Girls Other _____

ORDER INFORMATION

___ 1 ___	Certificate / Letter	n/c	___ n/c ___
___	Four Star Pin	\$10.00	___
___	Required Shipping/Handling Fee per order*	\$3.50	___

Total (Prices Subject to Change) _____

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 _____



Send this form and payment to:
P.R.A.Y.
11123 S. Towne Square, Ste. B
St. Louis, MO 63123
314-845-0038 fax