

# ALEX'S ENGRAVING

Precision Engraving • Phone: 909-795-6013 • Fax: 909-795-8585 •

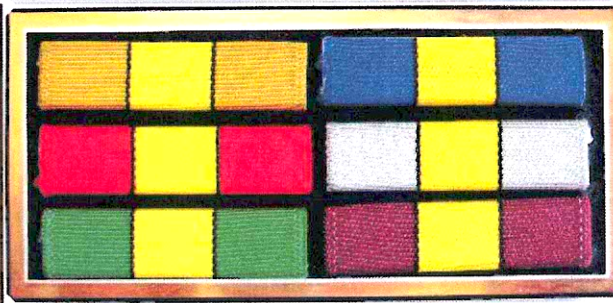
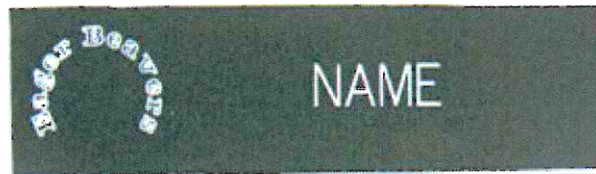
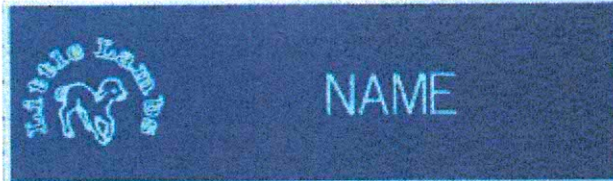
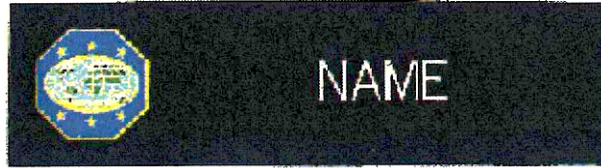
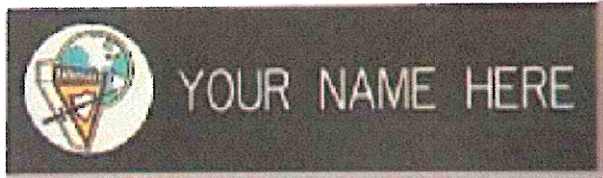
Home

Signs

Pathfinders

To Order

## Sample Name Tags



Please Note: Pins and Bars not included



VOICE (909) 795-6013 ♦ FAX (909) 795-8585

E-MAIL: [NEWORDER@ALEXSENGRAVING.COM](mailto:NEWORDER@ALEXSENGRAVING.COM) ♦ VISIT OUR WEBSITE AT [WWW.ALEXSENGRAVING.COM](http://WWW.ALEXSENGRAVING.COM)

SHIP TO:	NAME	LOCAL CHURCH NAME
	ADDRESS	CHURCH PHONE NUMBER
	CITY/STATE/ZIP	
	PHONE: DAY/NIGHT	E-MAIL ADDRESS

**PLEASE SUBMIT TYPEWRITTEN NAMES**

ONE LINE WITH LOGO	\$2.90 x ____ =	_____
TWO LINES WITH LOGO	\$3.15 x ____ =	_____
THREE LINES WITH LOGO	\$3.40 x ____ =	_____
CAPTAIN/SCRIBE PIN (WITH ENGRAVED LOGO)	\$3.25 x ____ =	_____
MASTER GUIDE PROGRAM CLASS PIN DISPLAY BADGE	\$8.50 x ____ =	_____
MASTER GUIDE PROGRAM CLASS BAR DISPLAY BADGE	\$7.75 x ____ =	_____
MASTER GUIDE PROGRAM CLASS PIN (STRIP BADGE)	\$5.50 X ____ =	_____
	SUBTOTAL	_____
(CALIFORNIA RESIDENTS ONLY) SALES TAX	7.75% X	_____
	SUBTOTAL	_____

**Priority and Express shipping available at additional cost \$6.00 Priority Starting from \$17.50 Express**

**1-10 BADGES · \$3.00 PLUS**  
**.10 EACH ADDITIONAL BADGE**  
**SHIPPING & HANDLING** \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

<b>TAG STYLE</b>	
PLEASE INDICATE LOGO	<input type="checkbox"/> PATHFINDER <input type="checkbox"/> ADVENTURER <input type="checkbox"/> MASTER GUIDE <input type="checkbox"/> OTHER
⇒ SAFETY PIN USED UNLESS OTHERWISE REQUESTED.      MILITARY ADD .25    MAGNETIC ADD \$1.50    OTHER: _____	

<b>Payment Type</b>	Check with order #
⇒ Send COD	YES <input type="checkbox"/> NO <input type="checkbox"/> ADD APPLICABLE FEE: SEE FEE SCHEDULE @ <a href="http://WWW.USPS.COM">WWW.USPS.COM</a>
⇒ Send Invoice	YES <input type="checkbox"/> NO <input type="checkbox"/> <b>MUST</b> SUPPLY CHURCH AFFILIATION INFORMATION.
Credit Card	Card # _____ NOTE: <b>\$1.00 Service fee for orders less than \$25.00</b>
Credit Card	Expiration Date ____/____/____      Type (Circle one) <input type="checkbox"/> Visa <input type="checkbox"/> Master Card
Credit Card	Card Holders Name _____

MAIL OR FAX TO: ALEX ENGRAVING, P O BOX 1084 YUCAIPA, CA 92399      FAX TO: (909) 795-8585  
 E-MAIL ORDERS TO: [NEWORDER@ALEXSENGRAVING.COM](mailto:NEWORDER@ALEXSENGRAVING.COM)      FOR MORE INFORMATION: [ALEXSENGRAVING@AOL.COM](mailto:ALEXSENGRAVING@AOL.COM)

**Please Note: Can not guarantee accuracy of hand written orders**



Order for: \_\_\_\_\_

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TYPE OF TAG	STYLE OF TAG	LINES OF TEXT
2 Lines with Logo	Master Guide	Mr. Sample Test Club Director

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