



**Central California
Conference**

Office of Communication

PRINT SHOP
Church Officer Label Request

Date Requested _____ Date Due _____

Department _____ GL # _____

Authorized By _____

SIZE

Large (Avery 5164) Small (Avery 5160)

OFFICES (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Church Pastor | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Health Secretary |
| <input type="checkbox"/> Other Pastor | <input type="checkbox"/> PM Leader | <input type="checkbox"/> Communication Secretary |
| <input type="checkbox"/> Associate Pastor | <input type="checkbox"/> PM Secretary | <input type="checkbox"/> Rel. Lib. Secretary |
| <input type="checkbox"/> Ministerial Intern | <input type="checkbox"/> Interest Coordinator | <input type="checkbox"/> Bulletin Secretary |
| <input type="checkbox"/> Assistant Pastor | <input type="checkbox"/> Community Service Leader | <input type="checkbox"/> Shepherdess |
| <input type="checkbox"/> Bible Instructor | <input type="checkbox"/> SS Superintendent | <input type="checkbox"/> Womens Ministry Leader |
| <input type="checkbox"/> Head Elder | <input type="checkbox"/> SS Secretary | <input type="checkbox"/> Singles Leader |
| <input type="checkbox"/> Company Leader | <input type="checkbox"/> Youth Leader | <input type="checkbox"/> Family Life |
| <input type="checkbox"/> Clerk | <input type="checkbox"/> Pathfinder Director | <input type="checkbox"/> Other _____ |

CHURCHES

All
 Specific Church _____

AREAS

All
 1 2 3 4 5 6 7 8

ETHNIC GROUP

All
 African American Hispanic Asian
 White/Other _____

INCLUDE BILINGUAL CHURCHES

Yes No

INCLUDE CHURCH NAME

Yes No

PRINT DUPLICATES

Yes (Print one for every church, Church Pastor only)
 No (Print one per pastor even if he has several churches)

ORDER

Zip Code Church Alpha

NUMBER OF COPIES

Customer Proof Approval and Authorization to Print _____ (Initial)

*Please note: Due to the workload of the Print Shop, rushed print requests or jobs requiring multiple proofs and corrections beyond the initial 1st proof, corrections and final proof, **MAY** incur additional charges.*

OFFICE USE ONLY

PROOFS 1 2 3 4 5

Printing _____ Proofs _____ Other _____

TOTAL _____