

# TEAM NAME:

Team name will be engraved on each name plate if provided. Engravings can include numbers and punctuations. Trophy styles shown may be subject to change due to availability.

PLAYER NAME TEAM NAME	List all players on the team below and mark their trophy choice.	PLAYER NAME TEAM NAME FALL 2020	Medal	Small	Trophy	TOTAL
FALL 2020	Player's Full Name Required	Name to be Engraved (If left blank, Full Name will be used)	\$6		\$10	<b>T</b> 0
2" Medal						
in						
6" Small						
7" Trophy						
	If submitted	l after Thursday, November 5, include	\$10	Late	Fee	

## **CONTACT / PAYMENT INFORMATION**

This form is best used to submit with Cash or Check payments only.

**CREDIT CARD ORDERS:** Please visit our NEW convenient Trophy Online Ordering site: <u>Allyearsports.net</u>

Full Name			
Mailing Address			
City	State	Zip	Phone #1
Email			Phone #2

# AZPX-MG#

# Volleyball

**FALL 2020** 

All orders must be received WITH PAYMENT no later than 5:00pm on **Thursday, November 5** 

Orders received late must include \$10 late fee.

#### **IMPORTANT**

- Use this order form for the entire team.
- · NO multiple payments accepted.
- Make checks out to All Year Sports.
- Returned checks subject to \$25 fee.
- Orders NOT accepted without authorizing signature.
- Late fee added to total of entire order.
- Late orders are subject to availability and style.

#### ADD PLAYERS

- OPTION 1 Submit new player by ordering online.
- OPTION 2 Visit nysonline.net, FIND YOUR LEAGUE.
- Print out a blank trophy form.
- Write and circle "ADD-ON" next to the new player.

### **ORDER SUBMISSION**

**CREDIT CARD:** 

• ONLINE AllYearSports.net CASH, CHECK or MONEY ORDER:

• MAIL AYS Trophy 8550 N 91<sup>st</sup> Avenue #49 Peoria, AZ 85345

- DROP OFF at your local NYS office.
- NO CALL-IN ORDERS.
- Taking a photo of your trophy form via cell phone is not an accepted format for submission.

# PHOTO / TROPHY PICKUP

Choose ONE team representative to pick up photos and trophies for the whole team.

# **Thursday, December 10**

4:00 to 6:00 PM NYS Mesa/Gilbert Office 218 W. Hampton #8 | Mesa

#### **OFFICE USE**

GRAND TOTAL \$

Cash \$	_ Check#
CC Auth#	_ Date Ran
Received by	_ Date
Entered by	_ Date
Accounting	_ Date