# 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.

## TEAM TROPHY FORM

List all players on the team below and mark their trophy choice.

2" Medal

Glows in the dark!

6" Small

8" Trophy

| Player's Full Name Required | Name to be Engraved (If left blank, Full Name will be used) | Medal $6 | Small $10 | Trophy $12 | TOTAL |
|---|---|---|---|---|---|
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| If submitted after Friday, February 1, include $10 Late Fee | | | | | |
| | GRAND TOTAL $ | | | | |

## CONTACT / PAYMENT INFORMATION

Full Name _____

Email _____ Phone #1 _____

Mailing Address _____ Phone #2 _____

City _____ State _____ Zip _____

**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: **Allyearsports.net**

**TXSA #**

# Volleyball

## WINTER 2019

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

**Friday, February 1**

**Orders received late must include $10 late fee.**

## IMPORTANT

- Use this order form for the entire team.
- NO multiple payments accepted.
- Late orders are subject to availability and style.
- 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.

## ADDING PLAYERS

- Print out a blank trophy form.
- Write and circle "ADD-ON" next to the new player.
- OR submit new player on our online order form.

## ORDER SUBMISSION

### CREDIT CARD:

- Order Online **AllYearSports.net**

### CASH, CHECK or MONEY ORDER:

- **Mail to:** AYS Trophy
  8550 N 91st Avenue #49
  Peoria, AZ 85345
- **Drop off** at your local NYS office.
- **NO Phone 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 pickup photos and trophies for the whole team.

**Wednesday, February 27**

**2:00 to 7:00 PM**

**NYS Office**

**10918 Vance Jackson Road #103 | San Antonio**

## OFFICE USE

Cash $ _____ Check# _____

CC Auth# _____ Date Ran _____

Received by _____ Date _____

Entered by _____ Date _____

Accounting _____ Date _____