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.

2-1/4" Medal

4-1/2" Small

8-1/4" Trophy

Player's Full Name **Required**	Name to be Engraved (If left blank, Full Name will be used)	Medal $6	Small $9	Trophy $11	TOTAL

If submitted after Thursday, July 6, 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: **Orders.allyearsports.net/cart**

AZPX-MG

Soccer

Summer 2017

All orders must be received WITH PAYMENT no later than 5:00pm on Thursday, July 6

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:

- Online Ordering! Visit: **Orders.allyearsports.net/cart/**

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, August 2

4:00 to 6:00 PM

NYS Mesa/Gilbert Office

218 W. Hampton #8 | Mesa

OFFICE USE

Cash $ __________ Check# __________

CC Auth# __________ Date Ran: __________

Received by: __________ Date: __________

Entered by: __________ Date: __________

Accounting __________ Date: __________