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

5" 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

Volleyball

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: ____________