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.

Street Tag

5" Small

7" Trophy

Player's Full Name Required	Name to be Engraved (If left blank, Full Name will be used)	Street Tag $7	Small $9	Trophy $13	TOTAL
If submitted after Thursday, April 13, 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-TC

Flag Football

Spring 2017

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

Thursday, April 13

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:

- **NEW! 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, May 17

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: _____