



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 20, include \$10 Late Fee

CONTACT / PAYMENT INFORMATION

GRAND TOTAL \$ _____

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

CASD # _____

Flag Football

Spring 2017

All orders must be received WITH PAYMENT no later than 5:00pm on **Thursday, April 20**.
 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.

Thursday, June 1

4:00 to 6:30 PM
 NYS Office
 46-A 3rd Ave | Chula Vista, CA 91910

OFFICE USE

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