



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	Small	Trophy	TOTAL
		\$6	\$9	\$11	
If submitted after Friday, July 21, 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

TXSA # _____

Flag Football

Summer 2017

All orders must be received WITH PAYMENT no later than 5:00pm on **Friday, July 21**
 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 16
 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: _____