

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.

NVHG # _____





BASEBALL

SPRING 2021

All orders must be received WITH
PAYMENT no later than 5:00pm on
Thursday, April 22
Orders received late must include \$10 late fee.

TEAM TROPHY FORM

List all players on the team below
and mark their trophy choice.

	PLAYER NAME TEAM NAME SPRING 2021		Medal \$6	Small \$8	Trophy \$13	TOTAL
	Player's Full Name Required	Name to be Engraved (If left blank, Full Name will be used)				
						
						
						
GRAND TOTAL \$						

If submitted after **Thursday, April 22**, include **\$10 Late Fee**

CONTACT / PAYMENT INFORMATION

This form is best used to submit with Cash or Check payments only.

CREDIT CARD ORDERS: Visit our convenient Trophy Online Ordering site: Allyearsports.net

Full Name _____
 Mailing Address _____
 City _____ State _____ Zip _____ Phone #1 _____
 Email _____ Phone #2 _____

IMPORTANT

- Use this order form for the entire team.
- NO multiple payments accepted.
- 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.
- Late orders are subject to availability and style.

ADD PLAYERS

- **OPTION 1** Submit new player by ordering online.
- **OPTION 2** Visit nysonline.net, FIND YOUR LEAGUE.
- Print out a blank trophy form.
- Write and circle "ADD-ON" next to the new player.

ORDER SUBMISSION

CREDIT CARD:

- **ONLINE AllYearSports.net**

CASH, CHECK or MONEY ORDER:

- **MAIL** AYS Trophy
8550 N 91st Avenue #49
Peoria, AZ 85345
- **NO CALL-IN ORDERS.**
- **Cell Phone photo of your trophy form is not an accepted format for submission.**

PHOTO / TROPHY PICKUP

Choose ONE team representative to pick up photos and trophies for the whole team.

Week Before Last Game

normal office hours
 Chuck E. Cheese
 9230 S Eastern Ave Space 100 | Las Vegas, NV 89123

OFFICE USE

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