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.

Medal

Small

Trophy

Player's Full Name **Required**	Name to be Engraved (If left blank, Full Name will be used)	Medal $7	Small $10	Trophy $12	TOTAL
If submitted after Thursday, October 6, include **$10 Late Fee**					
GRAND TOTAL $					

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 ____________________

NVHG

BASEBALL

FALL 2022

All orders must be received WITH PAYMENT no later than 5:00pm on Thursday, October 6
Orders received late must include $10 late fee.

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:

- 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

TBD

OFFICE USE

Cash $ ______________ Check# ______________

CC Auth#______________ Date Ran ______________

Received by___________ Date _______________

Entered by___________ Date _______________

Accounting ___________ Date _______________

TEAM NAME:___________________________________

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NVLV

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Full Name____

Mailing Address ______________________________________

City ______________________ State ______ Zip __________ Phone #1 ______________

Email ___________________________________ Phone #2 ______________

OFFICE USE

Cash $ ____________ Check# ____________

CC Auth# ____________ Date Ran ____________

Received by ____________ Date ____________

Entered by ____________ Date ____________

Accounting ____________ Date ____________