# 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 $11 | Trophy $13 | TOTAL |
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| If submitted after Thursday, January 19, 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

**WINTER 2023**

**All orders must be received WITH PAYMENT no later than 5:00pm on Thursday, January 19**

**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.

**TBD**

### OFFICE USE

Cash $ _____ Check# _____

CC Auth# _____ Date Ran _____

Received by _____ Date _____

Entered by _____ Date _____

Accounting _____ Date _____

# TEAM NAME:________________________

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| If submitted after **Thursday, January 19**, include **$10 Late Fee** | | | | | |
| **GRAND TOTAL $** | | | | | |

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Full Name ______________________________

Mailing Address ______________________________

City ______________________ State ______ Zip ____________ Phone #1 ______________________

Email ______________________________ Phone #2 ______________________

# NVLV #

# BASEBALL

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