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

SOCCER

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.

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
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 ______________________

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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Full Name ____

Mailing Address ____

City ____________________ State ______ Zip ____________ Phone #1 ____________________

Email ______________________________________ Phone #2 ____________________

NVLV

SOCCER

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