



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

PLAYER NAME
TEAM NAME
SEASON 2000

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



	Medal \$7	Small \$11	Trophy \$13	TOTAL
	GRAND TOTAL \$			

Player's Full Name <i>Required</i>	Name to be Engraved (If left blank, Full Name will be used)



Medal



Small



Trophy

If submitted after **Thursday, January 19**, 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 _____

NVHG # VOLLEYBALL

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: _____

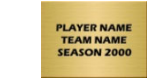
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TEAM TROPHY FORM

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 PLAYER NAME TEAM NAME SEASON 2000		Medal	Small	Trophy	TOTAL
Player's Full Name Required	Name to be Engraved (If left blank, Full Name will be used)	\$7	\$11	\$13	
GRAND TOTAL \$					

If submitted after **Thursday, January 19**, include **\$10 Late Fee**



Medal



Small



Trophy

NVLV # _____

VOLLEYBALL

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