

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.

PLAYER NAME TEAM NAME SEASON 2000	List all players on the team below and mark their trophy choice.	PLAYER NAME TEAM NAME SEASON 2000 Name to be Engraved	Medal	Small	Trophy	TOTAL
	Player's Full Name Required	(If left blank, Full Name will be used)	\$1	\$12	\$16	Ľ
Medal						
A _ 4						
Small						
100						
(Herrey						
= 7						
Trophy						

If submitted after Thursday, April 18th, 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



BASEBALL

SPRING 2024

All orders must be received WITH PAYMENT no later than 5:00pm on **Thursday, April 18th**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.
- 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 \(\sqrt{S} \)

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

Visit allyearsports.net for more info.

OFFICE USE

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



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TEAM TROPHY FORM Trophy PLAYER NAME Medal **TOTAL TEAM NAME** Small List all players on the team below **SEASON 2000** PLAYER NAME TEAM NAME SEASON 2000 and mark their trophy choice. Name to be Engraved \$7 \$12 \$16 Player's Full Name Required (If left blank, Full Name will be used) Small

If submitted after Thursday, April 18th, include \$10 Late Fee

GRAND TOTAL \$

CONTACT / PAYMENT INFORMATION

Trophy

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