

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.

Name to be Engraved

TEAM TROPHY FORM List all players on the team below PLAYER NAME TEAM NAME SEASON 2000 and mark their trophy choice.

Player's Full Name Required

NYS

PLAYER NAME **TEAM NAME SEASON 2000**

Trophy Medal Small

\$7 \$12 \$16

Orders received late must include \$10 late fee.

TOTAL (If left blank, Full Name will be used)



Small



Trophy

If submitte	d after Thursday,	April 18th, i	nclude 💲	10 I	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: <u>Allyearsports.net</u>

Full Name			
Mailing Address			
City	State	Zip	Phone #1
Email			Phone #2

AZPX-NW#

BASEBALL

SPRING 2024

All orders must be received WITH PAYMENT no later than 5:00pm on Thursday, April 18th

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

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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PLAYER NAME

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PLAYER NAME TEAM NAME	List all players on the team below and mark their trophy choice.	SEASON 2000	Med	Smal	Trop	TOTA
SEASON 2000	Player's Full Name Required	Name to be Engraved (If left blank, Full Name will be used)	\$7	\$12	\$16	TO
Medal						
Small						
100						
A STANCE OF THE						
Trophy						

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GRAND TOTAL \$

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TEAN SEASO

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Medal					
Small					
100					
All the state of t					
-7					
Trophy					

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GRAND TOTAL \$

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