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OFFICE USE ONLY		
ORDER DATE	PROOF DATE	PICK UP DATE
PICK-UP BY: <i>PLEASE SIGN & PRINT</i>		

AVOID DELAYS - YOU COULD MISS YOUR DEADLINE IF ANY PART OF THIS ORDER IS UNCLEAR

NAME	
ADDRESS	
CITY	
STATE	ZIP

HOME:
WORK:
CELL:
E-MAIL:

PRINT CLEARLY - CAPITAL LETTERS ONLY

DIVISION/REGION	
LEAGUE/ORGANIZATION	
TEAM NAME	
TEAM COLORS: 1)	2)
TEAM MASCOT:	

“X” PROPER BOXES

	SOCCER		FOOTBALL
	BASEBALL		BASKETBALL
	SOFTBALL		HOCKEY
PLAYERS AGES		GENDER	

DESIGN INSTRUCTIONS - PLEASE BE BRIEF

PRINT CLEARLY

**DO NOT SEND TEAM ROSTER
 PLEASE PICK ONE OF THE FOLLOWING**

#	PLAYERS NAMES FIRST / LAST

PRINT CLEARLY - CAPITAL LETTERS ONLY

MANAGER:
COACH:
ASST. COACH:
ASST. COACH:
TEAM MOM:
TEAM MOM:
SPONSOR #1:
SPONSOR #2: