

Year-End Plaque Order Form - The Team Plaque

District # _____

Shipping _____

& Billing _____

Address _____

Phone _____

Number _____

Number of Plaques _____

Organization's or Team's Name in Full As to Appear on the Plaque

Your Team's or Organization's Colours

Team's Division in Full As To Appear On The Plaque

Team Members as they appear on order from Left to Right

Front Row _____

Middle Row _____

Back Row _____

Team or Organization's Logo

More To Come _____ Yes _____

No _____

Attached _____ Yes _____

No _____

Other Information in Full As to Appear on the Plaque

Special Instructions
