



YEDA Alumni Registration Form 2017-2018

All completed applications will be processed in the order in which they are received.

Please allow fifteen business days for processing.

Payment of \$50 fee must be accompanied with this form + \$10 YEDA Back # fee

Name:	_____
Team Name	_____
Coach Address:	_____
Phone Number:	Email:
Emergency Contact	_____

YEDA Back #: Requested Back # _____ (There is no guarantee you will receive this number.)
The \$10 for the YEDA Back Number go towards the YEDA Scholarship Incentive Fund.

Please Mark all professional affiliations

- USEF USHJA USPC AQHA APHA
 CHA 4H PtHA Other _____

Qualifying information

In order to qualify as a YEDA Alumni, you must have been a member of a youth team please list team/teams you have been a member

Coaches Signature _____ **Date** _____

- Coach guarantees they are responsible for alumni and asking for re-rides
- Coach and Team will be responsible for providing horses to cover alumni rides
- Coach guarantees the Alumni is qualified in their ability to ride unfamiliar horses in a group
 - Riding instruction in regular lessons
 - OR -
 - Riding their own horses off premises, both on owned and non-owned horses

Riders Signature _____ **Date** _____

Make Checks out to: YEDA

Mail Form to:
Debbie Arnold
2415 State Route 603
Ashland, OH 44805

For Questions Contact Debbie Arnold (CFO)
Phone: 419 – 566 – 6589
Email: DArnold@showyeda.com