



YEDA Team Registration Form 2017-2018

*All completed transactions will be processed
in the order in which they are received.
Please allow fifteen business days for processing*

Payment of \$125 for one team, or \$175 for two teams

Please Indicate Team Level: (Check one or both) JR High SR High

Team Name			
Coach Name			Email
Coach Name			Email
Coach Name			Email
Coach Name			Email
Main Contact		PH:	
Main Address			

Financial Responsibility

In order to qualify as a YEDA Team, at least one member of the team's Coaching Staff, School, Farm, or other named Individual must sign the below indicating financial responsibility for the team and any debts incurred.

Name _____

Address _____

Phone # _____

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