**YEDA Coach Registration Form**

**Try It**

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

***Please allow fifteen business days for processing.***

*Members who register by July 1st will receive a $5 discount*

**Payment of $10 fee and proof of insurance must be accompanied with this form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | First Last | | | | |
| **Team Name** | Team Name | | | | |
| **Coach Address:** | Street Address | | | | |
| City State Zip Code | | | | |
| **Phone Number:** | ( ) - - | | **Email:** |  | |
| **Emergency Contact** | Name | | PH # | | |
| **Please Mark all professional affiliations** | | | | | |
| USEF  USHJA  USPC  AQHA  APHA  CHA  4H  PtHA  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Is your team accepting new members?**  YES  NO | | | | | |
| **Are you interested in our referral program?**  YES  NO | | | | | |
| **Liability Insurance Information**  In order to qualify as a YEDA Coach, you much attach to this application a valid Certificate of Insurance, or other adequate proof of insurance.  Proof of Insurance must include:   * Coach Name * Minimum Liability Coverage of $500,000 per intendent. * Specific Language stating coverage includes:   + “Professional Liability Coverage     - OR -   + “Riding Instruction both on and off premises, both on owned and non-owned horses” | | | | | |
| **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 | | |