**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**

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| --- | --- |
| **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 Arnold2415 State Route 603Ashland, OH 44805 | **For Questions Contact Debbie Arnold (CFO)****Phone:** 419 – 566 – 6589 **Email:** DArnold@showyeda.com |