**YEDA Team Registration Form**

**Try It**

*All completed transactions will be processed*

*in the order in which they are received.*

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

*Teams who register by July 1st will receive a $10 discount*

*toward their team registration total*

**Payment of $25 .**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Team Name** | | Name | | | | | | |
| **Coach Name** | | Name | | **Email** | |  | | |
| **Coach Name** | | Name | | **Email** | |  | | |
| **Assistant Coach Name** | | Name | | **Email** | |  | | |
| **Assistant Coach Name** | | Name | | **Email** | |  | | |
| **Main Contact** | | Name | | | PH: | | | ( ) - - |
| **Main Address** | | Street Address | | | | | | |
| City State Zip Code | | | | | | |
| **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** | Name | | | | | | | |
| **Address** | Street Address | | | | | | | |
|  | City State Zip Code | | | | | | | |
| **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 | | | | | |