

YEDA Team Registration Form TRY IT 2024-2025

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

Payment of \$30

This gives the team temporary YEDA Membership to show for a weekend. If the team decides within 30 days to upgrade to a regular membership this \$30 will be applied to the regular YEDA team membership.

Please indicate all the categories that your team will have:

Elementary

□ Alumni □ EWD

□ JR High □ SR High

Team Name				
Coach Name	Email			
Coach Name	Email			
Assistant Coach Name	Email			
Main Contact			PH:	
Main Address	Street Address	City	State	Zip
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 #	Street Address	City	State	Zip
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		