



YEDA Voluntary Division Change Form

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

Please allow fifteen business days for processing.

The following information is required.

Rider's Name

Team Name

Rider's Address:

Street Address City State Zip

Rider's PH #:

**Rider's
Email:**

Back #

Grade

Coach's Name

Coach's PH #:

**Coach's
Email:**

By signing this form you acknowledge:

- Competitions in ***both***, the division you're moving from as well as the division you are moving to, count to-ward your fourteen (14) judge/show limit.
- By moving from your current division, you forfeit any post season competition in the division you are transitioning from.
- Points earned in both divisions apply to the Scholarship Incentive Fund for Members

Rider Signature _____ Date _____

Parent Signature _____ Date _____

Coach Signature _____ Date _____

Mail Form To:

Debbie Arnold

2415 St Rt 603

Ashland OH 44805

darnold@showyeda.com

For Questions or Updates

Contact Laura Smith (CEO)

Phone: 419 – 957 – 9054

Email: LSmith@showyeda.com