**YEDA Team Registration Form**

**TRY IT**

**2023-2024**

*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** |  | | | | | | | |
|  | Street Address City State Zip | | | | | | | |
| **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 | | | | | |