

YEDA Team Registration Form 2025-2026

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

Please allow fifteen business days for processing

R1.03 D RUSH FEE \$100 WILL BE ADDED TO THE MEMBERSHIP IF A TEAM IS REQUESTING TO ENTER A SHOW AFTER THE SHOW CLOSING DATE AND THEIR MEMBERSHIPS ARE NOT CURRENTLY SUBMITTED AND IN THE DATABASE.

| Ple | ase indicate all the ca | ategories that y | our team w | vill have: | |
|--|-------------------------|------------------|---|--------------------------|--|
| □ Elementary □ Alumni | | i □ EWD | ☐ JR High | □ SR High | |
| Payment: \$125 Teams who | only have Elementary, | Alumni, and/or | EWD Rider | s | |
| \$150 Teams who included with this | | Senior Team. Ele | ementary, A | lumni and EWD riders are | |
| \$200 Teams who are included with | | Senior Teams. E | Elementary, | Alumni and EWD riders | |
| 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 | | F | For Questions Contact Debbie Arnold (CFO) Phone: 419 – 566 – 6589 Email: DArnold@showyeda.com | | |