



YEDA Team Registration Form

TRY IT

2025-2026

*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	<div style="display: flex; justify-content: space-between; font-size: small;"> Street Address City State Zip </div>		
Financial Responsibility <i>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.</i>			
Name	<hr/>		
Address	<hr/>		
	<div style="display: flex; justify-content: space-between; font-size: small;"> Street Address City State Zip </div>		
Phone #	<hr/>		
Signature	<hr/>		Date <hr/>
<u>Make Checks out to: YEDA</u> 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	