YOUTH EQUESTRIAN DEVELOPMENT ASSOCIATION

YEDA Team Registration Form
TRY IT
2026-2027

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