

You're Not Alone
your story continues.



Please complete & submit forms via
email to: admin@ynausa.org

Yna; Use Only --

Registration Form
Received On (Date):

School/District Info
Added Into Database:

Policies & Procedures Received:

Contract Received:

Therapy Dog Team Pairing:

Registration Form

SCHOOL DISTRICTS

SCHOOL AND/OR DISTRICT INFORMATION

School/District Name:

Contact Within District:

Job Title :

School Address:

Onsite Contact Person:

Job Title:

Contact Info
(Phone & Email):

Contact Info
(Phone & Email):

Have You
Attended A
School District
Info Session?

☐ Yes

☐ No

LOGISTICS

Please Provide Yna; (via email) with a policies and
procedures document for your school/district. Check this
box when this is completed.

☐ Complete

Do you have a specific therapy dog team in mind for
your school/district?

If Yes , Write
Names Here:

No: ☐

What is your hope for implementing Yna;
services into your school/district?

Participation Agreement

By signing below, I am agreeing to allow Yna's therapy dog teams, volunteers,
staff and supports to provide programming within my school/district.

Printed Name:

Signature:

Date: