

**SOUTH CAROLINA ATHLETIC COACHES ASSOCIATION  
POST OFFICE BOX 310  
CROSS HILL, SOUTH CAROLINA 29332**



May 2, 2008

SCHOOL \_\_\_\_\_

COACH \_\_\_\_\_

SCACA MEMBER # \_\_\_\_\_

BILLING STATEMENT \_\_\_\_\_

SCACA ALL-STAR SOCCER SPONSOR FEE \_\_\_\_\_

SCACA MEMBER COACH (**\$50.00**)  
NON-SCACA MEMBER COACH (**\$100.00**)

PARTICIPANT NAME \_\_\_\_\_

TOTAL DUE SCACA \$ \_\_\_\_\_

DUE DATE: MAY 20, 2008

PLEASE REMIT PAYMENT AND FORM TO:  
(DO NOT SEND TO ANY OTHER ADDRESS)

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