



# INVOICE

## Competition Without Compromise

Sunshine State Athletic Association PO Box 440177 Jax, FL 32222		<b>SSAA Application Fee</b>
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<b>SSAA Application Fee</b>	<b>\$100</b>	<b>\$100</b>
	SUBTOTAL	<b>\$100</b>
	BALANCE OWED	<b>\$100</b>

THANK YOU!