

**SOUTHERN NEVADA**



# INVOICE

**Send Payment to:  
SNTCCCA**

**Elizabeth Pileggi Thrasher  
% Arbor View High School  
7500 Whispering Sands Dr  
Las Vegas, NV 89131**

**[www.SNTCCCA.org](http://www.SNTCCCA.org)**

## **SNTCCCA Board Members**

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**Small School Liason:** Gary Watkins  
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## **2024 SNTCCA Coaches Clinic Registration**

**Saturday January 27th, 2024**

**Palo Verde High School  
333 S Pavilion Center Dr  
Las Vegas, NV 89144**

**Payment by Cash or Check Accepted at the Door on Clinic Day.**

School Name	Email Address
Coaches Name	Phone Number

Description	Amount	Quantity	Total
<b>SNTCCCA Coaches Clinic Entry Fee (Includes Individual Coaches Membership Dues)</b>	\$50		

**Total \$**