



CAMP FEATURES

Individual Skill Instruction:

1. Dribbling
2. Passing
3. Juggling
4. Settling
5. Crossing
6. Finishing
7. Offensive skills
8. Defensive skills
9. Midfield skills
10. Goalie skills

Team Skill Instruction:

1. 2v2, 3v3, 4v4
2. Triangles
3. Three man weave
4. Team communication:
drop, square, line, flag,
etc.
5. Importance of teamwork
and unselfish play.

WHAT TO BRING

1. T-shirt & shorts
2. Soccer shoes
3. Shin guards
4. Soccer socks
5. Aired up soccer ball
6. Water bottle/drink
7. Good attitude
8. Sunscreen



Cyclone Soccer Camp
c/o Coach Dave Voge
1408 8th Street
Harlan, IA 51537
Cell Phone (712) 579-0540
Home Phone (712) 755-2279
Email: dnavog@harlanet.com

9th Annual 2022 Cyclone Soccer Camp



Dates: June 21, 22, 23, 2022

Place: Merrill Field- Harlan, IA

Who: For both BOYS AND GIRLS!!

When: 10:00am-12:15pm - Grades 3-6 (fall of 2022)

When: 1:00PM-3:15PM - Grades 7-12 (fall of 2022)

Camp fee: \$45.00 (Non-refundable) (\$55 after May 29, 2022)
(Includes Camp T-shirt, if received on/before May 29, 2022.)

Deadline: 5/29/2022 (Late registrations are \$55)

FUTURE SOCCER STARS WANTED!!

High school girls coach, Jared Boysen, is having an all-girls soccer camp June 27, 28, 29 from 8am-10:15am at Merrill Field. If interested contact Coach Boysen at ibovsen@hcsdcyclones.com or 515-230-2613.



**9TH ANNUAL
2022 CYCLONE SOCCER CAMP
REGISTRATION FORM**

Participant name: _____
Gender (Boy/Girl): _____
Grade (fall 2022): _____
T-shirt size: (Youth S, M, L) (Adult S, M, L, XL)
Address: _____
City/State: _____ ZIP Code: _____
Parent's name: _____
School: _____
Email address: _____
Home Phone #: _____
Cell Phone #: _____
Emergency contact: _____
Emergency phone #: _____

Camp Fee: \$45.00 (Non-refundable) (\$55 after 5/29/2022)
(Make checks payable to: Little Cyclone Soccer)

Check #: _____

Cash paid: _____

**9TH ANNUAL
2022 CYCLONE SOCCER CAMP
WAIVER FORM**

I hereby request that you accept this application for enrollment in the Little Cyclone Soccer Camp during the dates set forth in this application form. In consideration of your acceptance, I hereby release Coach Dave Voge, Coach Pat Shelton, Harlan Community Schools, Little Cyclone Soccer, and all of their employees/volunteers from all claims on account of any injuries which may be sustained by our son or daughter while attending soccer camp. I also certify that our son or daughter is medically fit to participate in the camp.

Date: _____

Signed: _____
(Parent or Guardian)

Printed name: _____
(Parent or Guardian)

**Mail completed forms and payment by
May 29, 2022 to:**

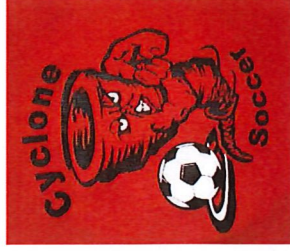
**Cyclone Soccer Camp
c/o Coach Dave Voge
1408 8th Street
Harlan, IA 51537**



**9TH ANNUAL
2019 CYCLONE SOCCER
CAMP**



**June 21, 22, 23, 2022
Grades: 3-12**



**Contact information:
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