

CYCLONE GIRLS' BASKETBALL CAMPS

MS Camp (Gr. 6-8) – June 9-12

8:30 am – 11:30 am

GRADES (2-5) – June 9-12

1:00 – 3:30 pm

(open to girls entering grades 2-8 fall 2025)

CAMP FEATURES

*Individual skill instruction in the areas of shooting, dribbling, passing, rebounding, ball handling and individual offensive and defensive play.

*Team play in games and the importance of being able to work together.

*Lectures, demonstrations, and other instructional aides to facilitate learning.

*Medals to acknowledge players who excel in various areas.

CAMP DIRECTOR

Zach Klaassen – Harlan Community HS

*13 years of head coaching experience

*4A State Runner-up 2013

*4A State Champs 2014, 15

*6 State Tournaments 2013, 14, 15, 16, 21,24

*6 Regional Championships

*IBCA Regional Coach of the Year 2013, 14, 15, 16, 21,22,24

*IGCA District Coach of the Year 2014, 15,16,21,24

*IGCA Senior All Star Game Coach 2014,2024

*IBCA Senior All Star Game Coach 2015

*IGCA 4A Coach of the Year 2015

***KMA All Star Coach 2025**

*Iowa BB Coaches &

Iowa Girls Coaching Assoc.

*Overall coaching record -
219 wins and 85 losses



CAMP STAFF will be made up of outstanding coaches in our program and former players.



REGISTRATION & FEES \$60.00

\$60 – Includes a Camp T-Shirt. Rates for more than one in a family are available. A non-refundable deposit of **\$20** should accompany the application. The remainder is to be paid at registration. **Check-in at the High School gym at 8:00 am for the Middle School Camp and 12:30 pm for Grades 2-5 Camp.** Each camper should bring basketball shoes, shorts, t-shirt, etc.

CYCLONE BASKETBALL CAMP REGISTRATION (High School Gym)

Please return registration form to: **Zach Klaassen - Cyclone Basketball Camp - 2003 9th St. - Harlan, IA 51537**

(Minimum Deposit of \$20 Nonrefundable) Payable to **Cyclones GBB**

Name _____ Grade Fall 2024 _____ Age _____

Address _____

Parent's Name _____ Email Address _____

School _____ Daytime Ph. No. _____

T-Shirt Size: YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____ AXXL _____
(10-12) (14-16)



I hereby request that you accept this application for enrollment in the Cyclone Basketball Camp during the dates set forth in this application. In consideration of your acceptance I hereby release Coach Klaassen, HCHS, and all of their employees from all claims on account of any injuries which may be sustained by our daughter while attending camp. I also certify that our daughter is medically fit to participate in camp.

Date _____ Signed (Parent or Guardian) _____