

CYCLONE BASKETBALL CAMP REGISTRATION

Please return registration form to: Mitch Osborn, Cyclone Basketball Camp
1511 Cheyenne Ave. Harlan, IA 51537

Name _____ Grade Fall 2024 _____ Age _____
Address _____ Ht. _____ Wt. _____
Parent's Name _____ T-Shirt size _____
School _____

Daytime Ph#: _____ Email Address: _____

(Minimum deposit of \$20.00 Nonrefundable)

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 Osborn, HCHS, and all of their employees from all claims on account of any injuries which may be sustained by our son while attending camp. I also certify that our son is medically fit to participate in camp.

Date _____ Signed _____ (Parent of Guardian)

CAMP FEATURES

Individual Skill Instruction:

shooting
dribbling
passing
rebounding
ballhandling
individual offensive
defensive play

Also:

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

Films, lectures, demonstrations, and other instructional aids to facilitate learning.

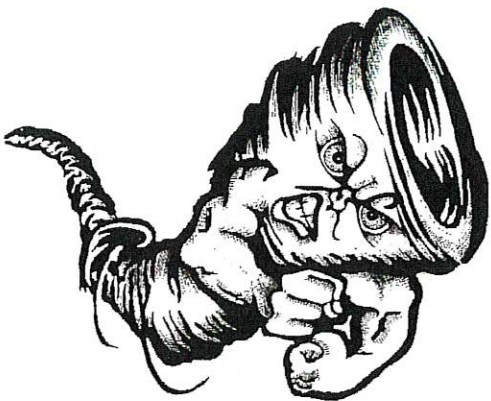
Medals and trophies to acknowledge players who excel in various areas.

WHAT TO BRING:

Enthusiasm
Energy
Positive Attitude



CYCLONE BOYS' BASKETBALL CAMP



June 10-13, 2024
Grades 3-8

