



## 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.*

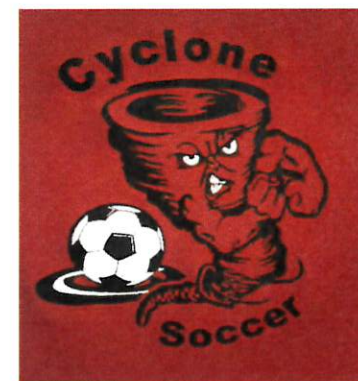
## WHAT TO BRING

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 8<sup>th</sup> Street**  
**Harlan, IA 51537**  
**Cell Phone (712) 579-0540**  
**Home Phone (712) 755-2279**  
**Email: [dnavoge@harlannet.com](mailto:dnavoge@harlannet.com)**

## **11th Annual 2024 Cyclone Soccer Camp**



**Dates: June 25, 26, 27, 2024**

**Place: Merrill Field- Harlan, IA**

**Who: For both BOYS AND GIRLS!!**

**When: 11:00am-1:30pm - Grades 3-6 (fall of 2024)**

**When: 3:00PM-5:30PM - Grades 7-12 (fall of 2024)**

**Camp fee: \$45.00 (Non-refundable) (\$55 after May 29, 2024)**  
(Includes Camp T-shirt, if received on/before May 29, 2024.)

**Deadline: 5/29/2024 (Late registrations are \$55)**

**FUTURE SOCCER STARS WANTED!!**



**11<sup>TH</sup> ANNUAL  
2024 CYCLONE SOCCER CAMP  
REGISTRATION FORM**

Participant name: \_\_\_\_\_

Gender (Boy/Girl): \_\_\_\_\_

Grade (fall 2024): \_\_\_\_\_

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 5/29/2024)  
(Make checks payable to: Little Cyclone Soccer)  
Check #: \_\_\_\_\_  
Cash paid: \_\_\_\_\_

**11<sup>TH</sup> ANNUAL  
2024 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, 2024 to:**

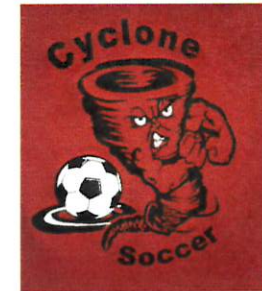
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Harlan, IA 51537**



**11<sup>TH</sup> ANNUAL  
2024 CYCLONE SOCCER  
CAMP**



**June 25, 26, 27, 2024  
Grades: 3-12**



**Contact information:  
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