

CYCLONE FOOTBALL CAMP
REGISTRATION FORM-2025



DATE: GRADES 9-12 * AUGUST 4th – AUGUST 8th * 8:00-11:00 AM
GRADES 7-8 * AUGUST 4th – AUGUST 7th * 1:00-4:00 PM

CHECK IN: GRADES 9-12 * AUGUST 4th – 7:30 AM * HS GYMNASIUM
GRADES 7-8 * AUGUST 4th – 12:30 PM * HS GYMNASIUM

COST: \$75.00 * Check payable to CYCLONE FOOTBALL CAMP

DEADLINE: July 10th so t-shirts can be ordered.

PLEASE RETURN REGISTRATION FORM BELOW TO:

Harlan Community High School
Attn: Todd Bladt - Cyclone Football Camp
2102 Durant St.
Harlan, IA 51537

TENTATIVE PRACTICE SCHEDULE
FOR INCOMING FRESHMEN, JV, & VARSITY



Aug. 11-15 * 8:00 – 11:00 am

Aug. 18-19 * 3:00 – 6:00 pm



Name _____ Grade Fall 2025 _____ Age _____

Address _____

Parent's Name _____ Adult T-Shirt Size: _____

Email Address: _____ Daytime or Cell Ph. No. _____

School _____

I hereby request that you accept this application for enrollment in the Cyclone Football Camp during the dates set forth in this application. In consideration of your acceptance I hereby release Coach Bladt, 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 or Guardian)