



**2025 MOMENTUM  
BOYS/GIRLS SOCCER CAMP  
ENTERING 2<sup>ND</sup> – 5<sup>TH</sup> Grade**

**Date:** July 13, 14, 15, 16 **Time:** 5:30 p.m. to 7 p.m.

**Location:** Neola Soccer Complex

**Cost:** \$40.00 (Includes Ball or shirt)

**\*Camp will cover:** Basic ball control plus advanced skills such as juggling, trapping, speed dribbling and different types of passing. Players will compete in various individual contests. All participants covered by a group insurance policy provided by the City of Neola. **CAMPERS FROM OTHER SCHOOLS ARE WELCOME**

**Camp Director:** Jeff Lefeber

**Head Girl's Coach,** Tri-Center High School

(email) [jmlefeber@walnutel.net](mailto:jmlefeber@walnutel.net) (phone) 402-960-6882

**Coaches:** Kelly Daughenbaugh Head Boys Coach Tri-Center

Jerry Orosco Assistant Girls Coach tri-Center

**REGISTRATION FORM**

**Deadline:** Please return this registration form by **July 6, 2025**, with \$20 (to guarantee a ball or shirt). Rest of camp cost will be due the 1<sup>st</sup> day of camp. Checks payable to: Momentum Soccer Camp. Mail to Jeff lefeber 500 4th st. Neola IA 51559 or drop in Mail box in front of house. Payment can also be Venmo to @Momentum\_Soccer

**Camper's Name:** \_\_\_\_\_

**Grade entering in Fall of 2025** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Ball** \_\_\_\_ **Shirt & size** \_\_\_\_ **Adult or Youth** \_\_\_\_\_ **Both** \_\_\_\_ (\$15extra)

**Parent's Names:** \_\_\_\_\_

I hereby request that you let my son/daughter (circle) \_\_\_\_\_ participate in the Momentum Soccer Camp. I hereby release Coach Jeff Lefeber, staff and City of Neola and their employees from all claim on account to injuries which may be sustained by our child while attending the camp. I also certify that our child is medically fit to participate in this camp.

**Signed (parent or guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_