



## Illinois Youth Soccer Administrator of the Year Nomination Form

### Requirements to apply:

An individual may be nominated and selected as the Administrator of the Year for extraordinary accomplishments in the administration of soccer if the individual—

(1) has been a soccer administrator for an Illinois Youth Soccer member club, team, league or recreational program

**State Association:** Illinois

**Complete home address and phone numbers are required. Please TYPE or PRINT LEGIBLY.**

### Nominee's Name:

\* PRINT nominee's name EXACTLY as it is to appear on the certificate.

### Address:

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Phone (area code):** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **State/Club/League:** \_\_\_\_\_

### Criteria:

Responses to each of the following 3 criterions should be kept to a **maximum** of 400 words and attached on a separate sheet.

#### 1) Involvement with soccer and community:

How and when did the nominated administrator get involved with soccer? What impact has his/her work had on the local association? Has the nominee been active within the community? What other activities, aside from soccer, is the administrator involved in?

#### 2) Promoting the game:

What steps has the administrator taken to further advance the game? Does the administrator participate in the game outside his or her position as an administrator (i.e. playing, coaching, or refereeing)? Has the administrator created relationships within the community to promote the game? Give examples.

#### 3) Accomplishments:

How has the nominated administrator serviced the existing membership? What steps has he/she taken to increase membership? What significant projects has he/she created and implemented? Give specific examples.

<b>Nominator Name:</b>	<b>Relation to Nominee:</b>
<b>Phone (area code):</b>	<b>Email:</b>
<b>Address:</b>	<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____

Entries for consideration should be emailed to [chrisj@illinoisyouthsoccer.org](mailto:chrisj@illinoisyouthsoccer.org) NOT LATER THAN OCTOBER 1.

---

**Your completed nomination should include only the a) completed nomination form & b) supporting documents.** No more than 3 letters of recommendation should be included. Others will be discarded. The winners of each of the 55 State Associations will be forwarded for regional nomination and possible national nomination as the US Youth Soccer Administrator of the Year.

---

Subject to Change