

ALIGNMENT STAR CHECK LIST



_____ is hereby presenting to Indiana Soccer this self-
(soccer club or league)
evaluation checklist as part of the requirements to earn the ALIGNMENT STAR in the 5-Star Club/League Program.

Fill out the following form as completely as possible. Please attach any/all necessary documents to this check list that shows compliance. The first five (5) requirements listed are not optional to earn this star. Additionally, you must fulfill at least one of the elective options. Documents may be sent electronically to angel@soccerindiana.org.

Requirements	Completed	Notes	Office Use
Club mission/purpose/vision statements aligned with Indiana Soccer.			
100% of all players (rec, rec+, travel, adults, futsal) registered with Indiana Soccer timely.			
If club has a Youth Travel Program – 100% of the teams must participate in US Youth Soccer sanctioned league play.			
If club has a Youth Rec/Rec+ Program – must abide by US Soccer’s small-sided game initiative.			
Club website is linked to Indiana Soccer, US Youth Soccer, USASA, US Futsal, and US Soccer			
Promote Indiana Soccer events, programs, publications			

Elective (Must complete 3)	Completed	Notes	Office Use
Club outreach plan with KPIs			
Club to participate in nominating deserving people for the annual awards recognition and attend the awards gala.			
Club attend the annual Workshops.			
Club to attend the regional meetings			

All hosted tournaments must be sanctioned by Indiana Soccer/US Youth Soccer			
Club to participate in the Indiana Soccer Cups program (State, Presidents, Challenge, and/or Memorial Cup)			

*KPI – Key Performance Indicators

Additional Comments:

By signing below and submitting to Indiana Soccer, we believe we have completed the necessary steps to earn this prestigious recognition. We also understand that in order for our club to maintain this status, we will have to be diligent in our efforts in this area and continue to maintain these standards. Each year, we will be required to formally submit this document to state our continued compliance to maintain this recognition.

Presented by: _____ Date: _____
 (Printed name Club/League Representative)

Signature: _____ Position with Club: _____

OFFICE USE: (Indiana Soccer Staff review and approval)

 Signature of Staff Member

 Date

Staff comments: