RHODE ISLAND INTERSCHOLASTIC LEAGUE
HIGH SCHOOL ATHLETIC HALL OF FAME

PRELIMINARY RECOMMENDATION FORM

Use this form if you choose not to complete a formal nomination but wish to submit a candidate's name for consideration to the Hall of Fame Committee.

Please return to the RIIL by February 1, 2017

_____
First *Last*

_____
High School *Year Graduated (If available)*

***If available*:**

_____
Address *City* *State* *Zip*

_____
Phone

Please check appropriate category:

__Competitor __ Coach
__ Administrator __ Other

_____

If Deceased, Date _____

Brief description of Recognitions and Achievements (i.e., All-State, All-American, State Titles, etc.)

_____
_____
_____
_____
_____
_____
_____

SUBMITTED BY:

_____ _____ _____
Name *Home Phone* *Work Phone*

_____
Address *City* *State* *Zip Code*

*Email Address (if applicable)*_____

_____ _____
Signature *Date*

Please be advised, this form serves the purpose of bringing forward the name of a possible candidate. If the committee deems the recommendation eligible, the person submitting this form will be contacted regarding a formal application which will be due by April 1st.

Rhode Island Interscholastic League
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