

OASIS 25th Anniversary Mosaic Project Contributor Record Form

Name of Organizer/Lead Person: _____

Email: _____

Contributors:

	NAME	EMAIL
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

Date Started: _____

Date Returned to OASIS: _____

Estimated number of hours worked on this project: _____
(to be filled in by the organizer/lead person)

Signature of Lead Person: _____