

**Old Spanish Trail Centennial
Oral History Log**

Name: _____

OST No. _____

OST Role: _____

Contact: _____

Phone: _____

Fax: _____

e-mail: _____

Contact Dates: _____

Pre-interview questions:

Physical Limitations: _____

Best Time of Day_____

Stamina (suggested length of interview): _____

Interview:

Date: _____

Time: _____

Place: _____

Interviewers: _____

Interview Questions:

Findings From Interview:

Follow up needed: