



TAKE OFF POUNDS SENSIBLY

AREA CAPTAIN MONTHLY "I CARE REPORT"



KEEP OFF POUNDS SENSIBLY

Chapter: TOPS #WA _____, _____ Month: _____

Monthly Loss: _____ Gain: _____ = Net Loss _____ or Net Gain _____

Any new members? _____ How Many? _____

Any Changes in meeting place, time, officers, etc.? _____

Monthly Programs: *(Include member name and Program Number each week an official TOPS Chapter Program is presented January through December for a chance to win a free year of TOPS dues!)*

Week #1: _____ Week #2: _____

Week #3: _____ Week #4: _____

TOPS & KOPS Awards: _____

Fundraisers: _____

Contests: _____

Publicity: _____

TOPS NEWS Articles Submitted? _____

Comments/Concerns/Problems: _____

Report Prepared by: _____

Please Send To: **Tom Neitzel**
14135 148th Ave SE
Yelm, WA 98597

