

"I CARE REPORT 2012"

PLEASE ASSIGN SOME ONE IN YOUR CHAPTER TO FILL OUT THIS MONTHLY REPORT

SEND TO:



Maria Goss

Tops Area Captain

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Belfair, Washington 98528

TOPS PROGRAMS:

Week #1 _____ Week #2 _____
Week #3 _____ Week #4 _____

GUEST SPEAKERS: _____

MONTHLY LOSS: _____

CHAPTER GAINS: _____

NO GAIN MEETINGS: _____

NEW MEMBERS: _____

AWARDS OR CONTESTS: _____

OPEN HOUSE OR HEALTH FAIRS:

AREAS OF CONCERNS: _____

CHAPTER CHANGES: _____
{SUCH AS TIMES, LOCATIONS, OR OFFICERS}

TOPS#WA _____, _____ **MONTH:** _____

SUBMITTED BY: _____ **Phone:** _____
