

TOPS OF SOUTHERN WISCONSIN (TOSW)
Milwaukee County
QUARTERLY REPORT
(Revised 1/1/11 – destroy old forms)

CHAPTER: TOPS WI _____ (city)
Date of Report: _____ Completed by: _____ Phone: _____

Four quarterly reports are due: January, April, July and October as follows:

January report covers: fourth quarter of prior year.

Use each member's last weight in September or 1st weight thereafter, to last weight in December, to determine if they had a net loss or gain for the quarter.

April report covers: first quarter of current year.

Use each member's last weight in December or 1st weight thereafter, to last weight in March, to determine if they had a net loss or gain for the quarter.

July report covers: second quarter of current year.

Use each member's last weight in March or 1st weight thereafter, to last weight in June, to determine if they had a net loss or gain for the quarter.

October report covers: third quarter of current year.

Use each member's last weight in June or 1st weight thereafter, to last weight in September, to determine if they had a net loss or gain for the quarter.

If additional space is required please use second page. Chapters please encourage your members to attend quarterly meetings.

1. Total number of members in chapter that weighed in at least once in past three months _____
2. Minus KOPS (If they are a KOPS for full three months) _____
3. Equals eligible members for chapter average _____
4. Total chapter **weight loss** by eligible members _____
5. **Total chapter weight gain by eligible members** _____
6. Fill in one: NET LOSS _____ **NET GAIN** _____
7. Divide Net Loss or Net Gain by eligible members, which equals _____
This is your average Loss or Gain per member for past three months.

NAME OF YOUR BEST LOSERS FOR PAST THREE MONTHS (MUST BE 10 LBS. OR MORE TO QUALIFY)

Female _____	Amount Lost _____
Male _____	Amount Lost _____
Teen or Preteen _____	Amount Lost _____

LIST OF ALL OTHER 10 LB. OR MORE LOSERS SO THEY MAY BE RECOGNIZED:

1. _____	Amount Lost _____
2. _____	Amount Lost _____
3. _____	Amount Lost _____

KOPS AT OR BELOW GOAL: Names _____

(Must be at or below goal the entire 3 months)

ADDITIONAL AWARDS:

LIST ALL NEW KOPS IN PAST THREE MONTHS: _____

LIST ALL KOPS CELEBRATING ANNIVERSARIES IN THE PAST THREE MONTHS AND THEIR ANNIVERSARY DATE: _____

LIST ALL TOPS WITH NO GAINS IN PAST THREE MONTHS AND AT LEAST 8 WEIGH-INS:

LIST CHAPTER OFFICER WITH BEST WEIGHT LOSS FOR PAST THREE MONTHS:

LIST MEMBER WITH MOST WEEKS OF CONSECUTIVE WEIGHT LOSS (“black ink”) DURING PAST THREE MONTHS (include name and number of weeks in a row) _____

Number of new members past three months: _____ **(Do not count renewals or transfers)**

The traveling trophy will be awarded to the chapter with the best average loss for the last three months. The trophy will be retained in the chapter for three months, until the next Quarterly Meeting. If a chapter receives the trophy for two consecutive three month periods, they will keep the trophy. Chapters are responsible for the trophy while it is in their possession, and for returning it to the next Quarterly Meeting.

Please complete form and send or email it immediately to:

Roe WiersGalla
228 East Plainfield Avenue
Milwaukee, WI 53207
Email: roew@hotmail.com

QUESTIONS? Call Roe at 414.744.4645