

TOPS: TOP TEN LOSERS AND KOPS RECOGNITION FORM

Must be present at workshop for competition

Name- _____

Chapter TOPS NY# _____, _____

Please record weight the week of May **20, 2018** _____

Record last weight in the week before this Area Inspirational Meeting Nov **3, 2018**,

Are you in Division 9? Yes _____ No _____

Did you become a first time KOPS during this period of time? Yes _____ No _____

Did you become a Reinstated KOPS during this period of time? Yes _____ No _____

(For KOPS only) Did you stay in leeway during this period of time?

Yes _____ NO _____

Signature of:

Leader _____

Weight Recorder _____

Member _____

Please remember that each person entering this “TOP TEN TOPS LOSERS or KOPS RECOGNITION,” competition must bring this completed form to the workshop to be eligible for awards. Present this form at the registration desk upon arrival.

Please duplicate this form and give one to each member who is eligible to enter.