

**MASSACHUSETTS TOPS FALL RALLY
SATURDAY OCTOBER 19, 2019
CHAPTER AWARDS
REGISTRATION FORM**

“NO GAIN” MEETINGS

This means that **EVERY PERSON** who weighed in must have either **LOST** weight or **TURTLED** with the exception of KOPS who must all be within their leeway. Please list dates of meetings.

MEETING DATE _____ MEETING DATE _____
MEETING DATE _____ MEETING DATE _____

TOTAL POUNDS LOST BY CHAPTER

This is TOTAL pounds **NOT net** pounds lost. DO NOT subtract gains. Simply add the total pounds lost at each meeting during the contest.

6/24 WEEK _____	8/5 WEEK _____
7/1 WEEK _____	8/12 WEEK _____
7/8 WEEK _____	8/19 WEEK _____
7/15 WEEK _____	8/26 WEEK _____
7/22 WEEK _____	9/2 WEEK _____
7/29 WEEK _____	9/9 WEEK _____
	9/16 WEEK _____
	TOTAL LOST _____

TOPS MA _____

Leader: _____ Telephone: _____

Email: _____

Weight Recorder's Signature: _____

Must be postmarked by September 30

Mail to: DIANE TRAYAH, 9 ASH ST, TEWKSBURY, MA 01876
(or) SCAN/EMAIL to: topsmiddlesex@gmail.com PHONE: 978-551-1278