



**Missouri WISEWOMAN
Attendance Record
TOPS – Lifestyle Program**

Please have your TOPS chapter recorder or leader initial and date each time you attend a meeting. When you have attended 12 meetings, please return this card to your clinic. Thank you

Meeting Number	Date	Length of Meeting (# minutes)	Initial	Meeting Number	Date	Length of Meeting (# minutes)	Initial
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			

WVWISEWOMAN/LSP/TOPS/2016

Participants Name: _____

Beginning Weight: _____

Clinic Name: _____

Week 12 weight: _____

