

Registration Form

2008-2009



Welcome to MOPS! Please complete this form so that we can learn some basic information about you.

Last Name _____ First Name _____ MI _____

Home Phone _____ Work Phone _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Birthday _____ Anniversary _____

Have you attended a MOPS group before? Yes No

Do you attend a church? Yes No If so, where? _____

How did you hear about this MOPS group? _____

Please list your child(ren)'s names and birth dates:

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Husband's name (if applicable) _____

(Please complete reverse side)

For MOPS Group Use Only:

Date registration received: _____ Cash _____ Check _____ Check # _____

Discussion Group assigned: _____

MOPS International Registration Date: _____

Date registered for the MOPS to Mom Connection: _____