REGISTRATION FORM

Welcome to MOPS! Please tell us about yourself.

Last Name First MI Phone #

Street Address

City State Zip Alt. Phone #

Birthday Email Address

Husband's Name (if applicable) Work Phone # Anniversary Date

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

Are you a prior MOPS attendee? □ Yes □ No Referred to MOPS by _____

Children: Attend MOPPETS?

Name_____Birthday_____ □ Y □ N □ Unsure
Month / Day / Year

Name_____Birthday_____ □ Y □ N □ Unsure
Month / Day / Year

Name_____Birthday_____ □ Y □ N □ Unsure
Month / Day / Year

Name_____Birthday_____ □ Y □ N □ Unsure
Month / Day / Year

Name_____Birthday_____ □ Y □ N □ Unsure
Month / Day / Year

Organizing MOPS meetings and activities is an undertaking that requires help from many different women. As part of joining the group, we ask that each mom serve in a designated area throughout the year. You can help by either preparing craft materials or by providing childcare for the Steering Team meetings. Steering Team meetings are the first Tuesday of the month, and you may bring your own children. Although we will try to honor your preference, you may be asked to serve in the other area depending on our need.

Please rank your choices 1 and 2:

_____ Craft Preparation

_____ Childcare for Steering Team Meetings

Steering Use Only:_____
Date Received_____ Fee Paid _____ Discussion Group _____ M2M Registration _____