



2016-17 MOPS International Registration Form

Welcome! Please complete this form so we can learn about you!

Last Name: _____ First Name: _____ M.I. _____

Home Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birthday: _____

Have you attended a MOPS group before? Yes No

If yes, where? _____

Are you registered for the MOPS International Membership? Yes No

Home church (if applicable): _____

How did you hear about this MOPS group? _____

Please list your child(ren)'s name(s) and birthdate(s):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Husband's Name (if applicable): _____

MOPS Membership Fee **\$40.00**

Childcare Fee..... \$ _____

Childcare is provided by the church Cost: One Child \$30
Two Children \$60
Each additional Child please add \$10

Total \$ _____

For Group Use Only
Date registration received:
Discussion Group assigned:
Date registered for MOPS International Membership:

Welcome to MOPS International – where better moms make a better world

