

MOPS registration 2019-2020



Last Name		First	
Address			
City		State	Zip Code
Birthdate (MM/DD)		Phone	
		Home Cell Work	
How do you prefer to be contacted? (i.e. text, email, call, Facebook, please no texting)			
Email Address			
Husband's Name (if applicable)			
Anniversary Date (if applicable)		His phone number	
Prior MOPS Attendee?		If yes, where?	
Do you attend church?		If yes, where?	
Referred to our MOPS group by:			
Our group is organized by tables. Is there anyone you would particularly like to sit with? (Coordinators make final decisions.)			

children

(Please list all children, not just the ones who will **attend** MOPS with you.)
(A separate **MOPS Kids registration form** should be submitted for each child **attending**.)

Name	Birthday
	month/day/year
Name	Birthday
	month/day/year
Name	Birthday
	month/day/year
Name	Birthday
	month/day/year
Name	Birthday
	month/day/year
Name	Birthday
	month/day/year

Registration fee: not paid paid; Check # _____ Received by _____ Date _____