

2017-18 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? _____

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 Feebefore 6/30..... **\$55.00**
After 6/30/17 **\$65.00**

(You will receive a Welcome Package from MOPS International)

Please send Registration forms to Liz Sargent – 1919 Hidden Springs Ct, Woodbine, MD 21797

Contact Liz at lizsargent03@gmail.com or Robin at robin.cooney9@gmail.com.

Please make checks payable to Calvary MOPS.

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