



Registration Form

Welcome to MOPPS!

Name: _____ Birthdate: _____
Address: _____
City/ZIP: _____ Subdivision: _____
Home phone: _____ Cell/other phone: _____
Email Address: _____
Spouse (if applicable): _____ Anniversary: _____

Children to be enrolled in MOPPETS (including babies to be born)

Name	Date of birth:	Gender	Age as of 9/1/11	Allergies
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Children not enrolled in MOPPETS

Name	Date of birth:	Gender	Age as of 9/1/11
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact (for MOPPETS purposes): _____
Phone Number: _____ Relationship: _____

Church you attend (if applicable): _____
Other MOPS groups you were a member of before (other than FBCgt): _____
If you are new, how did you hear about this MOPS group? _____

Registration Fees:

_____ I DO NOT wish to be registered with MOPS International. (\$50 per year)
_____ I DO wish to be registered with MOPS International. (\$65 per year)

For MOPS Group Use Only:		
Date registration received:	_____	
Discussion group assigned:	_____	
Registration Fee Amt Due:	Date Fee Paid:	Check #:
If partial payment, Amt Pd: _____	Amt Due: _____	_____