

MOPS Registration Form 2010 –2011

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Birthday: _____ month _____ day *Prior Mops International Member Number:* _____

How did you hear about Mops: _____

Husband's Name: _____ Work #: _____

Anniversary date (mm/dd/yy): _____ (if applicable)

Do you attend church: _____ if yes where: _____

<u>Children's Names</u>	<u>Attending Moppets?</u>	<u>Birthday</u>
_____	Y / N	_____
_____	Y / N	_____
_____	Y / N	_____
_____	Y / N	_____

Make Checks payable to: Servants of Christ Lutheran Church
(Payment is non-refundable)

\$25 Registration

\$40 Each Semester

Mail to: 7650 Oaklandon Rd,

Indianapolis IN, 46236

Attention: MOPS

"Where two or three come together
there I am with them." Matthew 18:20

Space is limited

MOPS Group Use:

Date Registration Received: _____ Discussion Group Assigned: _____

Date Registered for Mops to Moms: _____ Registration Number: _____

Check Number: _____ Amount Paid: _____ Date Posted: _____