

# MOPS Registration Form 2009 –2010

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      \$24.95 Registration  
 (Payment is non-refundable)      \$40.00 Each Semester  
 "Where two or three come together in my name, I will be there with them." Matthew 18:20  
 Mail to: 7650 Oaklandon Rd,  
 Indianapolis IN, 46236  
 Attention: MOPS

**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: \_\_\_\_\_