



2016-17 MOPS International Registration Form



Welcome! Please complete this form so we can learn about you!

For which group are you registering? 2nd & 4th Fridays 9:00-11:00am (MOPPETS Provided)

-OR-

2nd & 4th Thursdays 6:30-8:30pm (No childcare)

Last Name: _____ First Name: _____ M.I. _____

Contact Phone: _____ Alternate Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birthday: _____

Have you attended a MOPS group before? Yes No Where? _____

Are you registered for the MOPS International Membership? Yes No

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): _____

Please choose which membership you would like:

(You will receive a Welcome Package from MOPS Intl.)

Choose One: **MOPS Mothers of preschoolers**.....\$24.95 _____

MOMSnext Mothers of school-age children.....\$24.95 _____

Mentor Mom\$26.95 _____

Save \$2 if you register by June 30, 2016..... \$-2.00 _____

TOTAL Due..... \$ _____

Please return payment and completed form to:
St. Maries Church of the Nazarene, PO Box 332, St. Maries, ID 83861

For Group Use Only	
Date registration received:	
Date Membership Fee Paid:	
Registered for MOPS International:	
Discussion Group Leader:	