



# Registration Form

Date: \_\_\_\_\_

Welcome to MOPS! Please complete this form so that we can learn some basic information about you.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you attended a MOPS group before? Yes \_\_\_\_ No \_\_\_\_

If so, where? \_\_\_\_\_

Do you attend a Church? Yes \_\_\_\_ No \_\_\_\_

If so, where? \_\_\_\_\_

How did you hear about this MOPS group? \_\_\_\_\_

**Please list your child(ren)'s names and birth dates:**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Enrolling in MOPPETS: Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Enrolling in MOPPETS: Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Enrolling in MOPPETS: Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Enrolling in MOPPETS: Yes \_\_\_\_ No \_\_\_\_

Husband's name (if applicable): \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

**Registration Fee:**

Check for \$50 enclosed made payable to "MOPS Waikoloa" \_\_\_\_\_

**Team Participation:**

Please circle the teams on which you would like to help our Waikoloa MOPS group. Thank you!

TLC                      Hospitality                      MOPPETS                      Publicity                      Fundraising                      Crafts

**For MOPS Group Use Only:**

Date registration received: \_\_\_\_\_ Discussion Group assigned: \_\_\_\_\_

Date Registered for MOPS International \_\_\_\_\_ Team assigned: \_\_\_\_\_