

# MOPS Registration Form

Please return this form, Moppets form and registration fee of \$22 (before 6/30/15) or \$25 after 6/30/15 with checks made payable to: Salem MOPS

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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

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

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

Birthday: \_\_\_\_\_ E-mail \_\_\_\_\_ Can we contact you via e-mail? \_\_\_\_

Can your contact information be placed in our MOPS directory? Yes No

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? \_\_\_\_\_

What are your hobbies: \_\_\_\_\_

If you currently/pervious work/ed outside the home what is/was your occupation: \_\_\_\_\_

Please list your child(ren)'s names and birth dates (more space on back if needed):

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Spouse's name (if applicable): \_\_\_\_\_ Anniversary date: \_\_\_\_\_

**For MOPS Registrar's Use Only:**

Date registration received: \_\_\_\_\_ Payment: Check Cash Date received: \_\_\_\_\_

Table assigned: \_\_\_\_\_

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