

First Evangelical Free Church



Thursday Evening

2008 - 2009 MOPS Registration Form

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

Last name: _____ First name: _____ M.I.: _____
Home phone: _____ Address: _____ E-mail: _____
Birthday: _____ Anniversary: _____

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?

I was invited by...

Do you wish to sit by a friend? If so, who?

****(Can't guarantee it, but will try to accommodate you.)****

Husband's name (if applicable): _____

Emergency contact name & phone number: _____

Hobbies/Activities you enjoy and/or a Home business you want us to know about: _____

Children: ***(NO MOPPETS PROGRAM ON THURSDAY NIGHT)***

<input type="checkbox"/> Name:	Date of birth:	male or female
<input type="checkbox"/> Name:	Date of birth:	male or female
<input type="checkbox"/> Name:	Date of birth:	male or female
<input type="checkbox"/> Name:	Date of birth:	male or female

Are you expecting or adopting? Yes, due or arrival date: _____ No

Can we include some of this information in our MOPS directory or newsletters?

Registration Fee:

\$45 Each Semester (1st semester \$23.95 goes to MOPS International for the MOPS to MOM Connection.)

Write one check payable to MOPS

When completed, please mail this form and your check ASAP to secure your placement:

**FEFC MOPS
5150 Chicago Ave So., MPLS MN 55417**

Confirmation call or email will be done upon receiving.

For MOPS Group Use Only - Date registration received: _____

Date registered for MOPS Int. Membership: _____