



Date: _____

Registration Form

2016-2017

Welcome to Westminster United Methodist Church MOPS Group!

Registration Fee: \$35 (MOPS International Membership included) for one group or \$45 for two groups. Please check which group you are interested in joining:

Day MOPS: _____ Evening MOPS: _____ MomsNext _____

Checks made payable to Westminster UMC
(165 E Main St, Westminster, MD 21157)

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ Email: _____

Have you attended MOPS before? Yes/No If yes, where? _____

Do you attend a church? Yes/No If yes, 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

Name: _____ Date of Birth: _____ Male/Female

Name: _____ Date of Birth: _____ Male/Female

Husband's Name (if applicable): _____ Anniversary Date: _____

For MOPS Use Only: Date registration received: _____ Payment received: _____
