



Registration Form

Date: _____

Welcome to MOPS! If you do not have access to a computer to register online, please complete this form so that we can learn some basic information about you. Return with your payment (\$60 if applying before May 17th, 2012; \$70 if applying before August 16th, 2012 or \$80 after August 16th, 2012). Give to a MOPS leader or mail to: MOPS Registration, c/o The Chapel at CrossPoint, 500 CrossPoint Parkway, Getzville, NY 14068. Call Jessica at 210-3039 for more info.

Last name: _____ First name: _____ M.I.: _____

Home phone: _____ Work/Other phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ E-mail: _____

Do you attend a church? Yes No

If so, where? _____

How did you hear about this MOPS group? _____

Husband's name (if applicable): _____

List hobbies, interests, etc... _____

Please select the team(s) you would be willing to help with:

- | | | | |
|--------------|------------------|----------------------|-------------------------|
| ___ crafts | ___ publicity | ___ food hospitality | ___ special events |
| ___ visitors | ___ registration | ___ prayer & care | ___ antiques fundraiser |

List children you're **NOT** registering for child-care (names and birthdates): _____

