

MOPS Registration Form 2009 - 2010

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

Birthday: _____ (mm/dd) How did you hear about MOPS: _____

Husband's Name: _____ Anniversary (mm/dd/yy): _____ (if applicable)

Do you attend church? _____ If yes, where: _____

Children's Names

Attending Moppets?

Birthdate

_____ Y / N _____

Food Allergies Y / N _____

_____ Y / N _____

Food Allergies Y / N _____

_____ Y / N _____

Food Allergies Y / N _____

_____ Y / N _____

Food Allergies Y / N _____

Registration fee of \$30 must be paid at time of registration.

Payment Options (Total amounts include the \$30 registration.):

Option A: \$95 for the whole year. Payment and registration fee must be received BEFORE May 31st. (\$125 total)

Option B: \$50 paid no later than our first meeting and \$50 no later than our first January meeting. (\$130 total)

Option C: \$15 no later than our first meeting; \$30 by November 1; \$30 by January 1; \$30 by March 1 (\$135 total).

Make checks payable to WRCC MOPS. **Payment is non-refundable.**

Please contact Sarah Maksymovitch with any payment questions (drewandsarah@msn.com).

Mail to: WRCC MOPS
1685 N. 10th Street
Noblesville, IN 46060

Space is limited

MOPS Group Use

Date registration received: _____ Disc. Group Assigned: _____

Date registered for MOPS to Moms: _____ Registration # _____

Check number: _____ Amount paid: _____ Date posted: _____