



MOPS International Registration Form

Welcome to MOPS! Please return this form to Southwood Lutheran Church, P.O. Box 22767, Lincoln NE 68542

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

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Husband's name (if applicable): \_\_\_\_\_

Please list your child(ren)'s names and birthdates:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you attend church? Y / N If so, where? \_\_\_\_\_

How did you hear about this MOPS group? \_\_\_\_\_

How do you prefer to be contacted? Email or phone?

**MOPS Fees**

Please Contact Stacey Fuehrer at 420-0163 or [staceyaf@hotmail.com](mailto:staceyaf@hotmail.com) for more information on Fees and anything else.

**Thank You!**

For MOPS Group Use Only
Date registration received:
Discussion Group assigned:
Date registered for MOPS International Membership