

## 2010-2011 Westover MOPS Registration

\_\_\_\_\_

Last Name First Name

\_\_\_\_\_

Address City Zip Code

E-Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Birthday \_\_\_\_\_ Husband's Name \_\_\_\_\_

Have you previously attended Westover MOPS?

\_\_\_ Yes \_\_\_ # of years (please list last years group leader) \_\_\_\_\_

\_\_\_ No How did you hear about MOPS? \_\_\_\_\_

Do you have a church home you attend regularly? Y N

If so, Where? \_\_\_\_\_

Children: ATTENDING MOPPETS?

\_\_\_\_\_ Y N

Name Birthdate (Month/Day/Year) Allergies

\_\_\_\_\_ Y N

Name Birthdate (Month/Day/Year) Allergies

\_\_\_\_\_ Y N

Name Birthdate (Month/Day/Year) Allergies

### A Word About Finances

A non-refundable fee of \$23.95 must accompany this form, please make check payable to MOPS International. Dues are \$40 per semester, payable to Westover Church at the beginning of each semester.

Checks only, no cash please!

Scholarship Programs are available.

For more information, contact Andrea Vaughn at 617-6266 or [andreav@triad.rr.com](mailto:andreav@triad.rr.com)

**Westover MOPS is a ministry of**  
**Westover Church**  
**505 Muirs Chapel Road~Greensboro, NC 27410**

#### For Office Use Only

Reg. Rec'd \$ \_\_\_\_\_ Cash Check Date \_\_\_\_\_ Initial \_\_\_\_\_

Dues Rec'd \$ \_\_\_\_\_ Cash Check Date \_\_\_\_\_ Initial \_\_\_\_\_

Dues Rec'd \$ \_\_\_\_\_ Cash Check Date \_\_\_\_\_ Initial \_\_\_\_\_

Group #/Leader \_\_\_\_\_

Entered on Database \_\_\_\_\_ Dropped Date \_\_\_\_\_