

**“A Personal Journey” Spring 2010 Registration Form**

Date: \_\_\_\_\_ Interested in (circle one): Evening Session Morning Session  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle Initial

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

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell Work

E-Mail address: \_\_\_\_\_ What is the best way to contact you? \_\_\_\_\_  
Would you like to be included on the MOMS e-mail list? Yes No

Are you registered at this church? Yes No

Have you participated in any other church group/activity? Yes No  
If yes, please name group/activity: \_\_\_\_\_

What are your expectations about this group? \_\_\_\_\_

\_\_\_\_\_

Please provide the name(s) and age(s) of all your children. If you will need childcare during the session, please mark the box next to the child’s name who will be in childcare.

Name: \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

How did you hear about MOMS? \_\_\_\_\_

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Office Use Only:  
Date Received  
Amount  
Paid  
Scholarship