



Welcome! Please complete the following registration form.

Last Name: _____ First Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Birthday: _____

Are you a member of St. Peter Lutheran Church: Yes No

If not, do you have a church home/name of church: _____

Please list your child(ren's) name(s) and birthdate(s):

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Husband's name: _____

How did you hear about this group? _____

M.O.M.S. Membership Fee: \$65 (Make checks payable to: St. Peter Lutheran Church)

Date registration received: _____