



Table: _____

Registration Form

Welcome! Please complete this form so we may learn more about you!

Last Name: _____ First Name: _____ M.I. _____

Birthdate: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Husband's Name (if applicable): _____

Home Church (if applicable): _____

How did you hear about MOMS CONNECT? _____

May we post your picture on Social Media? YES NO

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

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Please send completed form along with registration fee to:

Fremont Alliance Church
Attn: Moms Connect
1615 N. Lincoln Ave
Fremont, NE 68025

MOMS CONNECT MEMBERSHIP FEE ----- \$30.00

SPONSOR A MOM ----- \$ _____

Total ----- \$ _____

Make checks payable to:

Fremont Alliance Church/memo: Moms Connect

For Group Use Only

Date registration received: _____ Payment type (Cash/Check): _____

Table Assignment: _____