

## XYZ Registration Form

**XYZ Membership Number:**

041214125310

**XYZ Group**

Daraius' Daredevils

**Name**

BEZAAN SHROFF

**Date of Birth**

31/07/2005

**Age**

09

**Address**

E-33 CUSROW BAUG , SHAHID BHAGAT SINGH ROAD, COLABA  
MUMBAI 400-001  
India

**Residence Tel. No - Area Code**

022- 22880139

**Residence Tel. No - Landline Number**

22880139

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

KHURSHID SHROFF

**Contact Number**

9819283002

**Contact Email**

[khurshidshroff12@gmail.com](mailto:khurshidshroff12@gmail.com)

**Would you like to be an XYZ Volunteer?**

Yes

**School Name**

ST. MARTYS SCHOOL ISC

**Standard**

4th

**Navjote Performed**

No

**Blood Group**

AB +ve

**T-Shirt Size**

36

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

KHURSHID

**Mother's Phone**

9819283002

**Mother's Email**

[khurshidshroff12@gmail.com](mailto:khurshidshroff12@gmail.com)

**Occupation**

Homemaker

**Father's Name**

CYRUS

**Father's Phone**

9820302075

**Father's Email**

[cyrus@radiantcashservices.com](mailto:cyrus@radiantcashservices.com)

**Occupation**

Service

**Name of Organisation**

RADIANT CASH MANAGEMENT SERVICES

**Position Held**

BUSINESS HEAD ALL INDIA