

## XYZ Registration Form

**XYZ Membership Number:**

081214014530

**XYZ Group**

Cyrus' Superstars

**Name**

YAZAD SARKARI

**Date of Birth**

05/02/2002

**Age**

12

**Address**

7/8 OLD KHAREGHAT COLONY, HUGHES ROAD,  
MUMBAI 400007  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

23617654

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

SCHEHERAZADE SARKARI

**Contact Number**

9819636888

**Contact Email**

[scheherazades@hotmail.com](mailto:scheherazades@hotmail.com)

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

No

**School Name**

CAMPION SCHOOL

**Standard**

7th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

AB +ve

**T-Shirt Size**

34

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

SCHEHERAZADE SARKARI

**Mother's Phone**

9819636888

**Mother's Email**[scheherazades@hotmail.com](mailto:scheherazades@hotmail.com)**Occupation**

Homemaker

**Father's Name**

DARAYUS SARKARI

**Father's Phone**

9820164913

**Father's Email**[darayus.sarkari@db.com](mailto:darayus.sarkari@db.com)**Occupation**

Service

**Name of Organisation**

DBOI

**Position Held**

SUPERVISOR