

## XYZ Registration Form

**XYZ Membership Number:**

091214084857

**XYZ Group**

Cyrus' Superstars

**Name**

Shawn Aga

**Date of Birth**

09/07/2006

**Age**

08

**Address**

No 4 Babulnath Road, Nadirsha Dinsha Building

Mumbai 400007

India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

23635467

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

Priya Aga

**Contact Number**

9820068421

**Contact Email**

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

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

Yes

**School Name**

Bombai International School

**Standard**

2nd

**Navjote Performed**

No

**Blood Group**

O -ve

**T-Shirt Size**

26

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Priya Aga

**Mother's Phone**

9820068421

**Mother's Email**

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

**Occupation**

Service

**Name of Organisation**

Bombay International School

**Position Held**

Teacher

**Father's Name**

Kersi Aga

**Father's Phone**

9821017773

**Father's Email**

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

**Occupation**

Business

**Name of Organisation**

Ericson and Richards

**Position Held**

Director