

## XYZ Registration Form

**XYZ Membership Number:**

011214010846

**XYZ Group**

Homai's Heroes

**Name**

Xerxes Mistry

**Date of Birth**

10/01/2003

**Age**

11

**Address**

R-35, Nowroz Baug, Dr. S. S. Rao Road, Lalbaug,  
Mumbai 400 012  
India

**Residence Tel. No - Area Code**

02224703883

**Residence Tel. No - Landline Number**

24703883

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

Jinaz Mistry

**Contact Number**

9869554773

**Contact Email**

[jinaz\\_mistry@yahoo.co.in](mailto:jinaz_mistry@yahoo.co.in)

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

Yes

**School Name**

Christ Church School

**Standard**

7th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

O -ve

**T-Shirt Size**

26

**Food Preference**

Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Jinaz Mistry

**Mother's Phone**

9869554773

**Mother's Email**[jinaz\\_mistry@yahoo.co.in](mailto:jinaz_mistry@yahoo.co.in)**Occupation**

Homemaker

**Occupation**

Service