

## XYZ Registration Form

**XYZ Membership Number:**

081214110433

**XYZ Group**

Daraius' Daredevils

**Name**

DEREZAR MASTER

**Date of Birth**

11/02/2006

**Age**

08

**Address**

802, STERLING TOWER, OFF. LABURNUM ROAD, GAMDEVI,  
MUMBAI 400 007  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

23630383

**Gender**

Male

**Your relation with the participant**

Mother

**Contact Name**

KAINAZ MASTER

**Contact Number**

9819326474

**Contact Email**

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

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

No

**School Name**

CAMPION SCHOOL

**Standard**

3rd

**Navjote Performed**

No

**Blood Group**

B -ve

**T-Shirt Size**

30

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

KAINAZ MASTER

**Mother's Phone**

9819326474

**Mother's Email**

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

**Occupation**

Homemaker

**Father's Name**

XERXES MASTER

**Father's Phone**

9821130695

**Father's Email**

[xerxes@mastergroups.com](mailto:xerxes@mastergroups.com)

**Occupation**

Business

**Name of Organisation**

MASTER GROUP OF COMPANIES

**Position Held**

JOINT MANAGING DIRECTOR