

## XYZ Registration Form

**XYZ Membership Number:**

121214100721

**XYZ Group**

Daraius' Daredevils

**Name**

Ayana Patel

**Date of Birth**

21/10/2009

**Age**

05

**Address**

21/24, POORNIMA, S.B.ROAD, COLABA  
MUMBAI 400005  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

22883763

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

YASMIN PATEL

**Contact Number**

9820291766

**Contact Email**

[yasminpatel10@gmail.com](mailto:yasminpatel10@gmail.com)

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

No

**School Name**

J. B. Petit

**Standard**

Primary

**Navjote Performed**

No

**Blood Group**

B +ve

**T-Shirt Size**

30

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Yasmin Patel

**Mother's Phone**

9820291766

**Mother's Email**

[yasminpatel10@gmail.com](mailto:yasminpatel10@gmail.com)

**Occupation**

Homemaker

**Father's Name**

Adil Patel

**Father's Phone**

9820045110

**Father's Email**

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

**Occupation**

Self Employed

**Name of Organisation**

M/s. Bhatt & Saldanha, Solicitors

**Position Held**

Partner