

## XYZ Registration Form

**XYZ Membership Number:**

201214080902

**XYZ Group**

Daraius' Daredevils

**Name**

FARIZYA IRANI

**Date of Birth**

21/09/2007

**Age**

07

**Address**

F/54, CUSROW BAUG, SHAHID BHAGAT SINGH ROAD, COLABA

MUMBAI 400001

India

**Residence Tel. No - Area Code**

(022)

**Residence Tel. No - Landline Number**

22872836

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

SUSANNE IRANI

**Contact Number**

9821318213

**Contact Email**

[susanne\\_mistry@hotmail.com](mailto:susanne_mistry@hotmail.com)

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

Yes

**School Name**

ST.ANNES HIGH SCHOOL

**Standard**

1st

**Navjote Performed**

No

**Blood Group**

B +ve

**T-Shirt Size**

26

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

SUSANNE IRANI

**Occupation**

Service

**Occupation**

Business