

## XYZ Registration Form

**XYZ Membership Number:**

100215101519

**XYZ Group**

Daraius' Daredevils

**Name**

Carina Antia

**Date of Birth**

01/05/2006

**Age**

08

**Address**

Queens Chambers. 89 Maharishri Karve Rd.  
mumbai 400 020  
India

**Residence Tel. No - Area Code**

022

**Residence Tel. No - Landline Number**

22038973

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

Lamiya Antia

**Contact Number**

98200 11662

**Contact Email**

[lamiya.antia@gmail.com](mailto:lamiya.antia@gmail.com)

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

No

**School Name**

J.B Petit

**Standard**

3rd

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

A +ve

**T-Shirt Size**

32

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Lamiya

**Mother's Phone**

98200 11662

**Mother's Email**[lamiya.antia@gmail.com](mailto:lamiya.antia@gmail.com)**Occupation**

Homemaker

**Father's Name**

Eric

**Father's Phone**

98200 11633

**Father's Email**[eric.antia@gmail.com](mailto:eric.antia@gmail.com)**Occupation**

Service

**Name of Organisation**

IATA

**Position Held**

Manager