

## XYZ Registration Form

**XYZ Membership Number:**

011214045922

**XYZ Group**

Daraius' Daredevils

**Name**

SHANAYA CONTRACTOR

**Date of Birth**

23/05/2004

**Age**

10

**Address**

C 15 CUSROW BAUG, SBS ROAD, COLABA  
MUMBAI 400001  
India

**Residence Tel. No - Area Code**

02222021003

**Residence Tel. No - Landline Number**

02222021003

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

PHIROZA CONTRACTOR

**Contact Number**

9819298089

**Contact Email**

[PHIROZA@HOTMAIL.COM](mailto:PHIROZA@HOTMAIL.COM)

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

No

**School Name**

CATHEDRAL MIDDLE SCHOOL

**Standard**

5th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

A +ve

**T-Shirt Size**

30

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

PHIROZA CONTRACTOR

**Mother's Phone**

9819298089

**Mother's Email**[PHIROZA@HOTMAIL.COM](mailto:PHIROZA@HOTMAIL.COM)**Occupation**

Business

**Name of Organisation**

CIPCO

**Position Held**

CEO

**Father's Name**

AASHISH CONTRACTOR

**Father's Phone**

9821348943

**Occupation**

Service

**Name of Organisation**

HN RELIANCE HOSPITAL

**Position Held**

DOCTOR