

## XYZ Registration Form

**XYZ Membership Number:**

031214055652

**XYZ Group**

Jamshed's Giants

**Name**

Reyaa Ferzandi

**Date of Birth**

19/05/2009

**Age**

04

**Address**

2/2 Rustom Baug, Byculla  
Mumbai 400027  
India

**Residence Tel. No - Area Code**

9870559101

**Residence Tel. No - Landline Number**

23720468

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

Khushnuma Ferzandi

**Contact Number**

9870559101

**Contact Email**

[Ferzandik@asbindia.org](mailto:Ferzandik@asbindia.org)

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

No

**School Name**

American School of Bombay

**Standard**

Primary

**Navjote Performed**

No

**Blood Group**

O -ve

**T-Shirt Size**

28

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

Khushnuma Ferzandi

**Mother's Phone**

9870559101

**Mother's Email**

[Ferzandik@asbindia.org](mailto:Ferzandik@asbindia.org)

**Occupation**

Service

**Name of Organisation**

ASB

**Position Held**

PYP Coordinator

**Father's Name**

Gilan Ferzandi

**Father's Phone**

9821359101

**Father's Email**

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

**Occupation**

Service

**Name of Organisation**

Meher Dist.

**Position Held**

Owner