

## XYZ Registration Form

**XYZ Membership Number:**

051214043713

**XYZ Group**

Cyrus' Superstars

**Name**

farshid daruwalla

**Date of Birth**

27/12/2000

**Age**

14

**Address**

T- 28 GODREJ BAUG NAPEANSEA ROAD 3 RD FLOOR  
mumbai 400026  
India

**Residence Tel. No - Area Code**

02223678108

**Residence Tel. No - Landline Number**

Maharashtra

**Gender**

Female

**Your relation with the participant**

Mother

**Contact Name**

ferzana daruwalla

**Contact Number**

9821527520

**Contact Email**

[ferzanasd@yahoo.co.in](mailto:ferzanasd@yahoo.co.in)

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

Yes

**School Name**

campion school

**Standard**

8th

**Navjote Performed**

Yes

**Are you Navar/Martab:**

None

**Blood Group**

A +ve

**T-Shirt Size**

40

**Food Preference**

Non Vegetarian

**Food Allergies, if any**

No

**Mother's Name**

ferzana

**Occupation**

Service

**Occupation**

Service