

# INDIA WAVES DANCE MUQABLA 2019

India Waves Community Project

## GROUP Entry Form

Age Group (Circle One):  
**KIDS** (8 yrs & under)

**JUNIOR** (9 yrs -13 yrs)

**OPEN** (14 yrs & up)  
NO BIRTH DATE REQUIRED

Name of GROUP

**GROUP** (6 persons or more) (Payment can be made individually or with One Credit Card but submitted with this application)

Group In charge/Coordinator's Name

Work/Cell

Email

Contestant Names (Min 6 / Max 22 per group) First & Last Name	Date of Birth (mm/dd/yyyy) No birth date required for OPEN	Contestants Email (Individuals email required) (In case of minor, write parent/guardian's email)
1.		Email:
2.		Email:
3.		Email:
4.		Email:
5.		Email:
6.		Email:
7.		Email:
8.		Email:
9.		Email:
10.		Email:
11.		Email:
12.		Email:
13.		Email:
14.		Email:
15.		Email:
16.		Email:
17.		Email:
18.		Email:
19.		Email:
20.		Email:
21.		Email:
22.		Email:

By submitting this form, you agree to represent the above group and hereby agree that the group will follow all the rules and regulations of INDIA WAVES DANCE MUQABLA and will abide by the organizers final decision.

**Additional information required:**

1. What Song is the group performing on? (Song Title & Name of the Film/Private album)  
\_\_\_\_\_
2. Name of your Dance School & School Email (if applicable) \_\_\_\_\_
3. Group Choreographer's Name & Email \_\_\_\_\_
4. Backstage access request (*Read FAQs online before completing this section*) (Print name & email for Backstage request)  
\_\_\_\_\_  
\_\_\_\_\_

Non-refundable Processing Fee: **SOLO \$32** per person / **GROUP \$21** per person  
**Entry Form & non refundable processing fees can be submitted via Email attachment**  
 Entries & Tickets accepted on first come first served basis

**Credit Card Authorization**  
 By completing & submitting this form, the credit card holder authorizes India Waves to charge the credit card

I, \_\_\_\_\_ (credit card holder's name), hereby authorize India Waves to charge my credit card for non refundable processing Entry fee amount = \$ \_\_\_\_\_ + Number of non refundable admission tickets = \_\_\_\_\_ valued \$ \_\_\_\_\_ each.  
 Grand Total amount authorized to charge my credit card = \$ \_\_\_\_\_

<b>Type of Card</b> (circle one):	<b>Credit Card #</b>	<b>Exp. Date</b>	<b>CVC code</b> _____ <small>(last 3 digits on back of card)</small>
Visa/MasterCard/Discover	_____		
Credit Card Mailing Address		City	State      Zip

**Email** (if different than above): \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_  
 (No signature required if submitting via email attachment. You agree to authorize to charge your above credit card.) **Date:** \_\_\_\_\_