

# INDIA WAVES DANCE MUQABLA 2019

India Waves Community Project

## SOLO Entry Form

**SOLO** (Circle One):

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

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

**Solo Talent SHOWCASE**  
(Non competitive) for all ages  
NO BIRTH DATE REQUIRED

Contestant Name

First Name

Last Name

Date of Birth (mm/dd/yyyy)

Gender: Male

Female

Required for JUNIOR (9yrs – 13 yrs) Only

Phone:

Email (Required)

(In case of minors, include parents/guardian's email)

Choreographer's Name

Choreographer Email

Explain your roots to South Asian country: India, UK, Pakistan, Bangladesh, Fiji, Sri Lanka, Afghanistan etc.

School/College

If participant is interested to join India Waves Youth Wing & IW Youth TV, email resume to [yw@indiawaves.com](mailto:yw@indiawaves.com) (Eligibility: 13yrs-17yrs)

By submitting this form, the contestant and parent/guardian agree to represent the above group and agree to 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 are you performing on? (Song Title & Name of the Film/Private album) \_\_\_\_\_
2. Backstage access request (Read FAQs online before completing this section) \_\_\_\_\_  
(Print name & email for Backstage request)

Non-refundable Processing Fee: **SOLO \$32** per person / Talent **SHOWCASE \$42** 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 = \$ \_\_\_\_\_

**Type of Card** (circle one):

Visa/MasterCard/Discover

**Credit Card #** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_

**CVC code** \_\_\_\_\_

(last 3 digits on the back of card)

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: \_\_\_\_\_