

# INDIA WAVES DANCE MUQABLA 2024

# GROUP Entry Form

Age Group (Circle One):  
**KIDS** (9 yrs & under)

**JUNIOR** (10 yrs -14 yrs)

**OPEN** (15 yrs & up)  
 NO BIRTH DATE REQUIRED

Name of GROUP **GROUP (6 persons or more)** (Payment must be submitted with this application using credit card or ZELLE)

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) <i>No birth date required for OPEN</i>	Each Contestant's Email <b>REQUIRED</b> In case of minor, parent/guardian 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:

If any participant is interested to join India Waves Youth Wing or IW Youth TV, email your resume to [yw@indiawaves.com](mailto:yw@indiawaves.com) (Eligibility: 13yrs-16yrs)

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.

1. What Song are you 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 \_\_\_\_\_  
 Print name & email for Backstage request (*Read FAQs online before completing this section*)

Non-refundable Processing Fee: **SOLO \$35** per person / **GROUP \$25** per person  
**Submit Entry Form & non-refundable processing fees via email attachment [dance@indiawaves.com](mailto:dance@indiawaves.com)**  
 Entries & Tickets accepted on first come first served basis

Payment Breakdown	
	Non-refundable processing Entry fee =
_____ Number of non-refundable admission tickets X value \$ _____ each =	\$ _____
_____ Number of non-refundable admission tickets X value \$ _____ each =	\$ _____
	2.5% credit card fee (No ZELLE Fee) = \$ _____
	<b>GRAND TOTAL AMOUNT = \$ _____</b>

Now accepting ZELLE Payment	
Send ZELLE Payment to Email: <a href="mailto:dance@indiawaves.com">dance@indiawaves.com</a> (For Ref/Message, specify: KIDS, JUNIOR or OPEN followed by your Solo or Group name (no space) e.g; 'JUNIORContestantName' or 'OPENGroupName' or 'ShowcaseContestantName')	Did you pay with ZELLE? Yes or No

Credit Card Authorization			
By completing & submitting this form, the credit card holder authorizes India Waves to charge the credit card			
I, _____ (credit card holder), hereby authorize India Waves to charge my credit card for above Grand Total Amount.			
<b>Type of Card</b> (circle one): Visa/MasterCard/Discover	<b>Credit Card #</b> _____	<b>Exp. Date</b> _____	<b>CVC code</b> _____ (last 3 digits on back of card)
Credit Card Mailing Address _____	City _____	State _____	Zip _____
<b>Email</b> (if different than above): _____		<b>Phone:</b> _____	
<b>Cardholder's Signature</b> (Initial) _____ <i>You agree to authorize to charge your above credit card</i>		<b>Date:</b> _____	