India Waves Dance Muqabla 2026

GROUP *Entry Form*

Age Group (Select 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 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) *No birth date required for OPEN*	Each Contestant's **Email REQUIRED** 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 (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.

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 _____
   Print name & email for Backstage request *(Read FAQs online before completing this section)*

Non-refundable Processing Fee: **SOLO $39** per person / **GROUP $29** per person
Submit Entry Form & non-refundable processing fees via email attachment 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) = $ _____

GRAND TOTAL AMOUNT = $ _____

Now accepting ZELLE Payment
Send ZELLE Payment to Email: dance@indiawaves.com
(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.

Type of Card (circle one):
Visa/MasterCard/Discover

Credit Card # _____

Exp. Date _____

CVC code _____
(last 3 digits on back of card)

_____ _____ _____ _____
Credit Card Mailing Address | City | State | Zip

Email (if different than above): _____ **Phone:** _____

Cardholder's Signature (Initial) _____ **Date:** _____
You agree to authorize to charge your above credit card