

SOLO (Select One):Age group **JUNIOR** (9yrs - 13yrs)**OPEN** (14yrs & up)**Solo Talent SHOWCASE**
(Non-competitive) for all ages

Contestant Name

First Name

Last Name

Date of Birth (mm/dd/yyyy)

Gender: Male

Female

BIRTH DATE NOT REQUIRED FOR OPEN (14 yrs & Up)

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 (Eligibility: 13yrs-16yrs)

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

Non-refundable Processing Fee: **SOLO \$39** per person / Talent SHOWCASE **\$45** per personSubmit 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 = \$ _____

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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): **Credit Card #**

Visa/MasterCard/Discover

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) _____

You agree to authorize to charge your above credit card

Date: _____