

INDIA WAVES DANCE MUQABLA 2020

India Waves Community Project

GROUP Entry FormAge Group (Circle One):
KIDS (8 yrs & under)**JUNIOR** (9 yrs -13 yrs)**OPEN** (14 yrs & up)
NO BIRTH DATE REQUIREDName 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) <i>No birth date required for OPEN</i>	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 = \$ _____

Type of Card (circle one):	Credit Card # _____	Exp. Date _____	CVC code _____ <small>(last 3 digits on back of card)</small>
_____	_____	_____	_____
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:** _____