*INDIA WAVES DANCE MUQABLA 2020* *India Waves Youth Community Project*

*SOLO Entry Form*

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| SOLO (Circle One): Age group JUNIOR (9 yrs- 13yrs) | OPEN (14 yrs & up) | Solo Talent SHOWCASE(Non competitive) for all ages |
| Contestant Name |  |  |
|  | First Name | Last Name |
| Date of Birth (mm/dd/yyyy) BIRTH DATE NOT REQUIRED FOR OPEN (14 yrs & Up) | Gender: Male | Female |
| 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 *(Read FAQs online before completing this section*) (Print name & email for Backstage request)
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| Non-refundable Processing Fee: SOLO $32 per person / Talent SHOWCASE $42 per personEntry Form & non refundable processing fees can be submitted via Email attachmentEntries & Tickets accepted on first come first served basis |
| Credit Card AuthorizationBy 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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