

INDIA WAVES DANCE MUQABLA 2020

India Waves Youth Community Project

SOLO Entry Form

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)

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

Non-refundable Processing Fee: **SOLO \$32** per person / Talent **SHOWCASE \$42** 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):

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: _____