

# INDIA WAVES DANCE MUQABLA 2012

India Waves Youth Wing Community Project

Contestant Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Name of your Group (if applicable) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_ Email (Required) \_\_\_\_\_  
(In case of minors, include parents/guardian's email)

In emergency, contact name \_\_\_\_\_ Phone \_\_\_\_\_

Choreographer's Name \_\_\_\_\_ Work/Cell \_\_\_\_\_ Choreographer Email \_\_\_\_\_

Birthplace (City, State, Country) \_\_\_\_\_ Explain your roots to India, Pakistan, Bangladesh, Fiji, Sri Lanka or Afghanistan \_\_\_\_\_

School/College \_\_\_\_\_

How did you hear about IWDM? \_\_\_\_\_ Are you interested to join India Waves Youth Wing? \_\_\_\_\_  
(Eligibility: 13yrs-17yrs) Circle if only interested **YES**

**SOLO** (Circle One): \_\_\_\_\_  
Age group **KID** (4yrs – 8yrs) **JUNIOR** (9 yrs-13yrs) **OPEN** (14 yrs & Up)

**GROUP** (Circle One): \_\_\_\_\_  
Age group **KID** (4yrs – 8yrs) **JUNIOR** (9 yrs-13yrs) **OPEN** (14 yrs & Up)

**GROUP** (4 or more) (Fee \$14 per person)

Please specify your category **SOLO** (one) \_\_\_\_\_  
Kids, Junior & Open Solo: Fee \$22 per person

Specify total number of group members. Each participant must submit entry form. Group entry forms must be submitted together as One package. Payment can be made individually or **together - in one payment**.

Non-refundable Processing Fee: **SOLO \$22** per person / **GROUP \$14** per person  
**Entry Form & non refundable processing fees can be submitted via Email attachment or USPS Mail or Fax: 510-751-0111**  
**Payments accepted using credit card** (complete Credit Card Authorization section below) or by check/money order (NO CASH in mail)  
Payable to **INDIA WAVES** & mail to:  
**INDIA WAVES, 31121 Mission Blvd. #134, Hayward, CA 94544**  
Info: 510-ITS IWTV (510-487-4988) / Email: [iwdm@indiawaves.com](mailto:iwdm@indiawaves.com)

I, the Contestant, \_\_\_\_\_, and my parent/guardian (clearly print) \_\_\_\_\_ hereby agree to follow all the rules and regulations of INDIA WAVES DANCE MUQABLA and will abide by the organizers final decision.

Signed and agreed by \_\_\_\_\_  
**Contestant** \_\_\_\_\_ **Parent/Guardian** (if contestant is under 18 years) \_\_\_\_\_

- Additional information required:**
1. What Song are you performing on? (Song Title & Name of the Film/Private album) \_\_\_\_\_
  2. Name of your Dance School & School Email (if applicable) \_\_\_\_\_
  3. Group Coordinator/Leader Name & Email (Required) \_\_\_\_\_
  4. Backstage access request (*Read FAQs online before completing this section*) \_\_\_\_\_  
(Are you a Parent/Choreographer...explain)

**Credit Card Authorization:** Credit card holder must complete and sign authorization section below:

I, \_\_\_\_\_ (credit card holder's name), hereby authorize India Waves to charge my credit card for IWDM non refundable processing Entry fee amount = \$ \_\_\_\_\_ + Number of non refundable IWDM admission tickets = \_\_\_\_\_ valued \$ \_\_\_\_\_ each. Grand Total amount authorized to charge my credit card = \$ \_\_\_\_\_

**Type of Card** (circle one): \_\_\_\_\_ **CVC code** \_\_\_\_\_  
Visa/MasterCard/Discover **Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ (last 3 digits on the back of card)

Credit Card Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_