

# INDIA WAVES DANCE MUQABLA 2010

India Waves Youth Wing Community Project

Contestant Name

|                              |  |   |  |   |  |
|------------------------------|--|---|--|---|--|
| First Name                   |  | Last Name   |  | Group Name (if applicable)  |  |
| Date of Birth (mm/dd/yyyy)   |  | Gender: Male  |  | Female  |  |
| Home Address                 |  | City  |  | State Zip   |  |
| Phone: Home                  |  | Work/Cell   |  | Email (Required)<br>(In case of minors, include parents/guardian's email) |  |
| In emergency, contact name   |  | Phone   |  |   |  |
| Birthplace (City, 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?<br>(Eligibility: 13yrs-17yrs) Circle if only interested |   |  |
|                              |  |   | <b>YES</b>   |   |  |

**SOLO** (Circle One):

Age group **KIDS** (5yrs – 8yrs)

**JUNIOR** (9 yrs-13yrs)

**SENIOR** (14 yrs –18 yrs)

**OPEN** (19 yrs & Up)

**GROUP** (Circle One):

Age group **KIDS** (5 yrs-8 yrs)

**JUNIOR** (9 yrs-13 yrs)

**SENIOR** (14 yrs – 18 yrs)

Please specify your category **SOLO** (one)  
(\$19 per person)

**GROUP** (4 or more)

Specify total group members. Each participant must submit entry form.  
Group entry forms must be submitted together as one package. (\$12 per person)  
Payment can be made individually or together.

Non-refundable Processing Fee: SOLO \$19 per person / GROUP \$12 per person

**Entry Form & non refundable processing fees accepted using credit card** (complete Credit Card Authorization section below) or

Mail completed Entry form with non-refundable processing fee or by check/ money order

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. How do you want to be introduced on Stage? (Your Name/ Group Name/No multiple names for Group) \_\_\_\_\_
3. Who Choreographed your Dance? (Name & Email) \_\_\_\_\_
4. Name & Email of group leader (if other than participant) \_\_\_\_\_
5. Backstage Access Request (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):

\_\_\_\_\_  
Visa/MasterCard/Discover

**Credit Card #** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_

**CVC code** \_\_\_\_\_

(last 3 digits on the back of card)

Credit Card Mailing Address

City

State

Zip

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_