



INDIAN DANCE COMPETITION

Season - 6 (2014)

Application Form – Virtual/Online

First Name: _____ Middle Name: _____

Last Name: _____ Gender: ☐ M ☐ F Age: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____

Country: _____ Zip/Pin code: _____

Age Group: ☐ Under 12 years ☐ Over 12 years ☐ Parents/Adults

Type of dance: ☐ Solo Dance ☐ Group Dance Specify: _____

List all the participants' names, gender, age & e-mail addresses for the Group Dance:

Name	Gender	Age	E-mail Address

***Participation fee - Solo: \$30.00 per participant; Group: \$30.00 per participant;**

****Make check payable to "KDZone Inc.,"**

*****Mail application to "KDZone Inc., 3659 Byron Circle, Frederick, MD, U.S.A. 21704"**

☐ Check Enclosed ☐ Video Enclosed

Amount \$ _____

By signing below I acknowledge that I have answered the questions in this application form to the best of my knowledge. By submitting this Participant application, I consent to the recording, telecast, use and reuse of any photographs or video in which I/WE appear by Producer, and understand that I will not receive any money or other material benefits for signing this agreement. Parent/Guardian has to sign for participants below 18 years of age.

Signature _____ Date _____

Parent/Guardian Name _____