

2025 SCAFF

SEVEN COLORS ARTS & FILM FESTIVAL

SPONSORSHIP

PROPOSAL



13th
YEAR

Greetings dear

In its 13th year, SKGA Inc. proudly invites you to the 2025 SCAFF *Seven Colors Arts & Film Festival* from 14th-16th December 2025.

Opening Day, Date & Timings: **3:00 PM to 9:30 PM, FRIDAY, 15th December**

Venue: **Glen Eira Town Hall-Auditorium, Corner Glen Eira and Hawthorn Roads, Caulfield Victoria 3162**

14th and 15th December program schedule (physical & virtual) will be announced soon.

Artists, Fashion, Performers & Filmmakers from multicultural backgrounds will be presenting Items in Singing, Dancing, Comedy, and Instrumentals, while enjoying a variety of film screenings, and entertainment.

We have the following opportunities to promote your products and services:

- Food & Beverage Vendors: Caterers, Food Trucks, Coffee, and Ice Cream
- Table / Stalls of Jewellery, Clothing, Education, Immigration etc.
- Inserting Business Logo and Organizations Details on the Flyers, posters
- Inserting Logos on the Website and Connecting to yours
- Stage and Screen recognitions by TV Anchor & Emcees
- Logo Display in the Telecast, YouTube, and other social media
- Event Specific, Marketing and Various partnering opportunities



SPONSORSHIP OPPORTUNITIES STARTING @ \$175

Includes one table.

For more information, please contact us at: +61 404 989 336 skgainfo@gmail.com

Sincerely

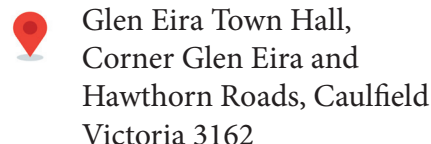
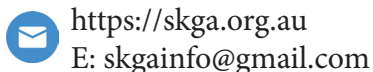
Secretary
SKGA Inc.

SPONSORSHIP

1. Bronze
2. Silver
3. Gold
4. Platinum

OUR BANK DETAILS

SKGA Inc, Westpac
BSB: 033-385
Account No: 50-8630





SKGA Inc
Sangam Kala Group Australia
ABN: 92413428045

P.O. Box 450
Glen Waverley 3150

www.skga.org.au



APPLICATION FORM FOR ALL STALL BOOKINGS & OUR TERMS

Event : 2025 SCAFF 7 Colors Arts & Film Festival Australia
Date : **Saturday, November 15th 2025**
Time : **3:00 pm to 9.00 pm**
Organizer : SKGA Inc. –Sangam Kala Group Australia
Locations : Glen Eira Town Hall, Corner Glen Eira and Hawthorn Roads,
Caulfield, Victoria 3162

Application : Stall for Arts/Craft/Food or items of other descriptions

Please accept my application as an expression of interest to hold a Stall
along the lines which we have described in this application at the SCAFF 2025.

THE APPLICANT DETAILS:

The Applicant means the person completing this form; and in the case of a partnership, each partner and his heirs, successors, and personal representatives; and in the case of a corporation, the corporation and each director; and their successors, assigns, sub-contractors, employees, staff, agents, personal representatives and heirs as the case may be.

Name of Business :
(website if any)

ACN/ABN :

Business Address :
(PO Box only not acceptable)

Name of Authorised person :

Email :

Mobile :

NAME OF TWO (2) CONTACT PERSONS :

	Mobile	E-mail
First Person		
Second Person		

Provide a detailed description of the types of art, crafts, food items, or other products and services that you plan to sell or promote here.

- A. By submitting this form, I am applying to host a stall at the SCAFF 2025
(In the space provided above please describe in detail the nature of the goods and/ or services that you will be offering at the stall).
- B. If the applicant is a company, the application has been made jointly and severally by the company and its directors.
- C. In support of my application, the Customer has completed the details below.
- D. In consideration of SKGA Inc., agreeing to provide a site to me to hold a stall for the SCAFF 2025 at Glen Eira Town Hall, I agree to be bound by and comply with the terms and conditions set out below.
- E. A Director of a company who signs this form agrees that he is signing in his personal capacity, as well as, a director on behalf
- F. SKGA Inc. is not taken to enter into this agreement until it executes the same.

PRICE:

- 1. We require a payment in the sum of \$
(as agreed) (by way of cheque made payable to SKGA Inc.), which can be enclosed with a signed copy of this Application.
- 2. The above payment includes a bond of \$200, which may be refundable. The balance of the sum paid less the deposit, is non-refundable if your application is approved.
- 3. Payment must be received by SKGA Inc. on or before 5:00pm, Friday 7th November with a signed copy of this Application.
- 4. Please note the Bank transfer may take up to 3-5 business days, so do your arrangements accordingly. For direct deposit, please note our account details below and send us the deposit receipt with the name of your business for which you are making the transactions.

Account Name: **SKGA Inc – Sangam Kala Group Australia**
BSB: 033-385 **Account Number: 508630**

Bank details of the applicant for refund purposes :

BSB : **Account Number**

EQUIPMENT PROVIDED :

Each Variety stall, will be provided with the following:

- (a) 1 x chair.
- (b) one (1) Table of approx. 1.8 meter x 0.8 meter
- (c) Power points available as per venue layout
- (d) Strictly no posters or banners allowed on the walls, only on your table or display retractable banners

INSURANCE COVER AND LIABILITY

Stall holders will be required to obtain Public Liability Insurance Cover for the duration of the event. Please note that Stall holders will bear the ultimate responsibility of any claims arising from persons or other third parties as a result of the operation and use of the stall by stall holders. SKGA Inc-Sangam Kala Group Australia will in no manner or form be held legally liable in contract and/or tort and/or breach of duty of any stall holders which give rise to injuries or property damage to third parties howsoever caused to the said third parties as a consequence of the operation and use of the respective stalls by stall holders

BY CLICKING THE BUTTON, YOU AGREE TO THE TERMS OF THE AGREEMENT:

BY CLICKING THE BUTTON, YOU AGREE TO SIGNED AS AN AGREEMENT:

THIS AGREEMENT made on the _____ **day of** _____ **2025**

THE APPLICANT:

Where the Applicant is a company:

EXECUTED FOR AND ON BEHALF OF

ACN:

in accordance with section 127 of the Corporations Act:

Signature of Director

Signature of Director/Secretary

Where the Applicant a Business or Individual:

Signed by the said

In presence of

Signature of Witness

Print the name of witness

EXECUTED FOR AND ON BEHALF OF SKGA Inc.:

Signature

Print the name of the Signatory

Should you have any questions please contact:

Stall Coordinator

SKGA Inc Australia

ABN 92 413 428 045

Postal Address: PO Box 450, Glen Waverley 3150

Email: SKGAUSTRALIA@GMAIL.COM

Mobile: 0403167441, 0404989336

Fb: skgaevents

Website: www.skga.org.au