In memory of
Late Yashraj Chopra & Pamela Chopra

SINCE 1994
SKGA
INC AUSTRALIA

PRESENTS

14th Year

SCAFF 2026

Seven Colors Arts & Film Festival

A CELEBRATION OF DIVERSE STORIES,
ARTS & CULTURES



SPONSORSHIP PROPOSAL

Greetings dear,

In its 14th year, SKGA Inc. proudly invites you to the SCAFF 2026 Seven Colors Arts & Film Festival.

Artists, fashion designers, performers and filmmakers from multicultural backgrounds will be presenting items in singing, dancing, comedy and instruments, 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 Organization 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 @ $150

Includes one table. one chair & starter promotional package

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

skgaevents www.skga.org.au

Glen Eira Town Hall,
Corner Glen Eira end Howthorn Roads,

SKGA Inc.
ABN: 92413428045

P.O. Box 450
Glen Waverley 3150
www.skga.org.au
SKGAEVENTS

SCAFF 2026

Seven Colors Arts & Film Festival

APPLICATION FORM FOR ALL STALL BOOKINGS & OUR TERMS

Event	:	SCAFF 2026 – Seven Colors Arts & Film Festival Australia
Date	:	Sunday, 13th December 2026
Time	:	1:00 PM to 6:00 PM
Organizer	:	SKGA Inc. – Sangam Kala Group Australia
Location	:	Glen Eira Town Hall, Corner Glen Eira and Hawthorn Roads, Caulfield, Victoria 3162
Application	:	Stall for Arts/Crafts/Food or items of other descriptions

Please accept my application as an expression of interest to hold a Stoll along the lines which we have described in this application at the SCAFF 2026.

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	:	

SINCE 1994
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INC AUSTRALIA

SCAFF 2026

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NAME OF TWO (2) CONTACT PERSONS:

1. Mobile : E-mail :

2. Mobile : E-mail :

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 2026 (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 director.

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 2026 at Glen Eira Townhall, 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. e 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, Thursday 10th December 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

SCAFF 2026

Seven Colors Arts & Films Festival

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 AGREEE TO SIGNED AS AN AGREEMENT:

THIS AGREEMENT made on the _____ day of _____ 2026 _____

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/Secratar

Where the Applicant a Business or Individual:

Signed by the said	In presence of
Signature of Witness	Print the name of the 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