

APPLICATION FORM

1/2

This is a PDF form. Fill it out in your PDF viewer.

SASSO RESIDENCY
Nucleo Vairano 12
CH 6575 Vairano S. Nazzaro

sasso-residency.ch

For groups:

Names of members, year of birth

First name, last name of responsible person

website

Can you share the bedroom/-s? How?

For individuals:

First name, last name, year of birth

Email and postal address

website

Phone number

APPLICATION FORM

2/2

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CH 6575 Vairano S. Nazzaro

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There are three possible periods. Please choose your options.

Saturday 13/5 – Thursday 7/6 2024

Saturday 7/9 – Thursday 3/10 2024

Saturday 8/6 – Thursday 4/7 2024

Any children joining?

Your motivation? (not more than 4-5 sentences! - fill in here or send us a short extra paper)

I confirm that my application form together with my work «stay soft» will reach the Sasso Residency no later than 6/1/2024.

I understand that otherwise my application will not be considered.
(The judging for the 2024 Sasso Residency will take place on 20/1/2024)

I hereby agree to travel to Casa Sasso in Vairano by ground only. I will not book airplane tickets for the residency program.

I have paid the application fee of 30 CHF for individual applications or 60 CHF for group applications.

I have read the fact sheet.

I agree that my submitted work “stay soft” may be published by the Sasso Residency on SocialMedia and their website.

Date & Signature:

Please address applications to:
Sasso Residency
Elisabethenstrasse 43
CH - 8004 Zürich
mail@sasso-residency.ch

Please address CHF bank
transfers to:
Alternative Bank Schweiz
Sasso Residency
6575 Vairano
IBAN: CH68 0839 0035 2967 1000 7
Clearing number: 8390
SWIFT code: ABSOCH22

For paypal use:
mail@sasso-residency.ch