

# APPLICATION FORM

1/2

SASSO RESIDENCY  
Nucleo Vairano 12  
CH 6575 Vairano S. Nazzaro

sasso-residency.ch

## The Group:

Names of members, year of birth

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## Responsible Person:

First name, last name, year of birth

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Email and postal address

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website

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Phone number

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# APPLICATION FORM

2/2

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There are three possible periods. Please choose your options.

- Saturday 17/5 – Saturday 7/6 2025 10am
- Saturday 30/8 – Saturday 20/9 2025 10am
- Saturday 7/6 – Saturday 28/6 2025 10am

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Any children joining?

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- I confirm that my application form together with my motivation will reach the Sasso Residency no later than 31/1/2025.  
I understand that otherwise my application will not be considered.
- 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 60 CHF.
- I have read the fact sheet.
- I agree that my submitted work may be published by the Sasso Residency on SocialMedia and their website.

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Date & Signature:

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Please address applications to:  
Sasso Residency  
Flüelastrasse 6  
CH - 8048 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