Application Form

SASSO RESIDENCY
Nucleo Vairano 12
CH 6575 Vairano S. Nazzaro

sasso-residency.ch

For groups

Names of members, year of birth

Name responsible person

Email, phone number and postal address responsible person

website

Can you share bedrooms within the group? How?

For individuals:

First name, last name, year of birth

Email, phone number and postal address

website

Please address applications, general inquiries
and paypal transfers to: mail@sasso-residency.ch

Version 2026

Alternative Bank Schweiz
IBAN: CH68 0839 0035 2967 1000 7
Clearing number: 8390
SWIFT code: ABSOCH22

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There are three possible periods. Please choose your options.

☐ Saturday 2/5 – Thursday 28/5 2026

☐ Saturday 5/9 – Thursday 1/10 2026

☐ Sunday 31/5 – Friday 26/6 2026

Any children joining?

☐ I confirm that my application form together with my application will reach the Sasso Residency no later than 31/12/2025. 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 30 CHF for individual applications or 60 CHF for group applications.

☐ I have read the fact sheet.

Date & Signature:
