

# Application Form

SASSO RESIDENCY  
Nucleo Vairano 12  
CH 6575 Vairano S. Nazzaro

sasso-residency.ch  
fb.com/sassoresidency

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

## For groups:

Names of members, year of birth

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First name, last name of responsible person

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WWW

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Phone number of responsible person

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## For individuals:

First name, last name, year of birth

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Email and postal address

WWW

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Phone number

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There are 3 possible periods. Please choose your options.

- Saturday 1/6 – Thursday 27/6 2019       Saturday 17/8 – Thursday 12/9 2019
- Saturday 6/7 – Thursday 1/8 2019

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Any children joining?

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Further notes:

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- I have paid the application fee of 40 CHF for individual applications or 80 CHF for group applications.
- I have read the fact sheet.

Please address applications,  
general inquiries and CHF bank  
transfers to:

Sasso Residency - Office  
Merkurstrasse 19  
6020 Emmenbrücke  
mail@sasso-residency.ch

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