

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

First name, last name of responsible person

WWW

Phone number of responsible person

For individuals:

First name, last name, year of birth

WWW

Phone number

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There are 3 possible periods. Please choose your options.

- Saturday 23/5 – Thursday 18/6 2020 Saturday 12/9 – Thursday 8/10 2020
- Saturday 15/8 – Thursday 10/9 2020

Any children joining?

Further notes:

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