

## Ar.Vi.Ma. Artist Residency 2025

### APPLICATION FORM

I, the undersigned:

**Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone no.:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### REQUEST

to participate in the selection for the Ar.Vi.Ma. 2025 Artist Residency and to this end

### DECLARE

- that the works in the portfolio were created by the undersigned candidate.

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

### AUTHORISE

- the processing of my personal data in accordance with Legislative Decree 196 / 2003.

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

- the use of the images of the works in the portfolio.

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

**attach copy of valid identity document**