



## Ar.Vi.Ma. Artist Residency 2024 DECLARATION ATTACHED TO THE APPLICATION FORM

I, the undersigned:

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

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

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

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

Phone: \_\_\_\_\_

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

### DECLARES

- that, in case of my winning, the work produced during the Artist Residence Residency 2024 will remain the property of AR.VI.MA.

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