

**APPLICATION FOR PARTICIPATION IN THE "ROSE" RESIDENCY PROGRAMME  
ED 2020-2021**

**ANNEX B**

**DELEGATION OF THE MEMBERS OF THE ARTIST COLLECTIVE**

The undersigned \_\_\_\_\_  
born in \_\_\_\_\_ on \_\_\_\_\_  
Tax code/VAT number (if any) \_\_\_\_\_  
tel \_\_\_\_\_ email \_\_\_\_\_

The undersigned \_\_\_\_\_  
born in \_\_\_\_\_ on \_\_\_\_\_  
Tax code/VAT number (if any) \_\_\_\_\_  
tel \_\_\_\_\_ email \_\_\_\_\_

The undersigned \_\_\_\_\_  
born in \_\_\_\_\_ on \_\_\_\_\_  
Tax code/VAT number (if any) \_\_\_\_\_  
tel \_\_\_\_\_ email \_\_\_\_\_

as members of the artist collective \_\_\_\_\_

**DELEGATES TO**

Mr/Ms \_\_\_\_\_  
born in \_\_\_\_\_ on \_\_\_\_\_  
Tax code/VAT number (if any) \_\_\_\_\_  
tel \_\_\_\_\_ email \_\_\_\_\_

the responsibility of submitting the application to participate in the "ROSE" Residency Programme  
Ed. 2020-21 at Villa delle Rose in Bologna on behalf of the collective.

Date and place \_\_\_\_\_

Signatures of all the members of the collective listed above

(Enter first and last name) \_\_\_\_\_  
(Enter first and last name) \_\_\_\_\_  
(Enter first and last name) \_\_\_\_\_