



HOFSTRA SUMMER CAMPS

A choice that can change your child's life!

learn.

play.

grow.

ALUMNI DISCOUNT FORM

Directions:

A Hofstra Summer Camp Alumni Discount Request must be filed for each summer that the child(ren) are registered for. All fees must be paid in accordance with the Hofstra Summer Camp Payment Policy. Please complete the form and fax to 516 – 463 - 6114. Thank you.

Information Concerning Applicant (Hofstra Alumni)

Your name at time of graduation:

First Name: _____ Middle Initial _____ Last Name: _____

Social Security or Hofstra ID #: _____ () ALUMNI – Yr. Grad _____

Classification (if applicable):

() Full-Time Administrator () Full-Time Staff () Full-Time Faculty

() Full-Time Employee of Plant or Public Safety

Information Concerning Camper(s)

Camper(s) Name Sessions enrolled

1. _____

2. _____

3. _____

4. _____

Certification:

Please have the Alumni Department Head verify the information. Approved on _____.

This is to certify that the applicant is entitled to the alumni tuition discount for Hofstra Summer Camps.