



# HOFSTRA UNIVERSITY<sup>®</sup>

## SUMMER CAMPS

### SUMMER CAMP EMPLOYEE DISCOUNT FORM

Directions:

A Hofstra Summer Camp Employee Discount Request must be filed for each summer registered for.  
ALL fees must be paid in accordance with the Hofstra Summer Camp Payment Policy. Please fax to 463-6114

#### Information Concerning Applicant (Hofstra Personnel)

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

Employee Full Name \_\_\_\_\_ 700 Number: \_\_\_\_\_

Classification:

- Full-Time Faculty                       Full-Time Administrator                       Full-Time Staff  
 Full-Time Employee of Plant or Public Safety                       Other

Date of Full-Time Employment or

Continuous Part-Time Employment:                      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Department: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

#### Information Concerning Registrant (Camper)

	Campers Name	Sessions enrolled
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Certification: Please have the Dean / Department Head of your department sign below.  
This is to certify that the applicant is entitled to the tuition discount for Hofstra Summer Camp.

Signature of Dean/Department Head: \_\_\_\_\_ Date: \_\_\_\_\_