ALUMNI DISCOUNT FORM

Directions:
A Hofstra Summer Camp Alumni Discount Request must be filed for each summer that the child(ren) is registered for. All fees must be paid in accordance with the Hofstra Summer Camp Payment Policy. Please fax to 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.