# Hofstra Summer Camps Registration Form

**250 HOFSTRA UNIVERSITY - HEMPSTEAD, NY 11549-2500**

**Phone:** (516) 463-CAMP • **Fax:** (516) 463-6114  
**E-mail:** CCEPA-CAMPS@HOFSTRA.EDU

## Specialty Camps

### Tuition and Application Fee

- Application Fee Total: $35 (included in deposit)
- Extended Hours Program: $100 per session
- Surcharge: $50

### Specialty Camps

- Session Dates: 6/30-7/11, 7/14-7/25, 7/28-8/8, 8/11-8/15
- Tuition: $1,250, $2,400, $3,400, $600
- Regular Tuition: $1,285, $2,500, $3,550, $625

### Extended Hours Program

- Must be enrolled 6 weeks: $2,100
- N/A

### Counselor Apprentice Program

- Must be enrolled 6 weeks: $2,100
- N/A

## Special Request

- **We will attempt to accommodate your recreation group requests. Please do not request more than three campers.**

<table>
<thead>
<tr>
<th>T-shirt size</th>
<th>Youth: S</th>
<th>M</th>
<th>L</th>
<th>Adult: S</th>
<th>M</th>
<th>L</th>
<th>XL</th>
<th>XXL</th>
</tr>
</thead>
</table>

## Sports Academy Camps

### Tuition and Application Fee

- Early Tuition (October 1-March 30): $825, $850
- Regular Tuition (March 31-August 15): $825, $850
- Extended Hours Program: $100 per session

### Extended Hours Program

- Must be enrolled 6 weeks: $2,100
- N/A

### Counselor Apprentice Program

- Must be enrolled 6 weeks: $2,100
- N/A

## Alumni Discount

- Yes

## Application Fee Total

- $335 non-refundable deposit required to register

## Special Request

We will attempt to accommodate your recreation group requests. Please do not request more than three campers.

1) _______________________________  
2) _______________________________  
3) _______________________________
METHOD OF PAYMENT

A $335 nonrefundable deposit is required for each camper. If you are registering for both Specialty Camps and the Sports Academy Camps, a $670 nonrefundable deposit is required. A confirmation/balance due statement will be sent once deposit is processed.

☐ Check or money order payable to Hofstra University  
Check number ___________ Payment amt. ___________

☐ MasterCard ☐ American Express ☐ Visa  
Card #: __________________________

Cardholder’s Name: ___________________________  Exp. Date ___________________________

Signature: ___________________________ Date ___________________________

• Hofstra Summer Camps complies with all Nassau County Health Department regulations.
• Hofstra Summer Camps is accredited by the American Camp Association.