



HOFSTRA UNIVERSITY[®]

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)

	<u>Campers Name</u>	<u>Sessions enrolled</u>
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: _____