

KALAHARI RESORTS & CONVENTIONS

ROUND ROCK, TX DONATION PROGRAM

Thank you for allowing Kalahari Resort- in Round Rock, TX the opportunity to assist your organization! In order to accommodate the many donation requests received we have designed the following program to accommodate all fund raising organizations.

Our donation is in the form of a reduced room rate for two of our most popular rooms. Our Double Queen Sofa Room offers two queen beds and a sofa sleeper. This room will comfortably sleep four people and allows admission to our 223,000 square foot waterpark for all four guests. Our 2 Bedroom 2 Bathroom Living Room Suite is a two room suite that includes a king bed in the master bedroom, two queen beds in the second bedroom and a queen sofa sleeper in the living room. It also comes with three televisions and two bathrooms. This suite allows admission for five to the waterpark.

We would like to offer you the Double Queen Sofa Room at the much reduced rate of \$119.00 per night and our 2 Bedroom 2 Bathroom Living Room Suite at \$199.00 per night (tax and resort fee not included, see donation request form for details). Each certificate would be valid twelve months from the date of your function. Restrictions of use include weekends and holidays, and they would not be valid on any specified blackout dates (see below). Maximum purchase of one night per room type will apply for your event and organization.

Also available, we are offering water park day passes, which allows entrance into the water park at a reduced rate of \$20.00 per pass (limit is 6 total). These passes cannot be used on Saturdays and are limited to first come, first serve at the water park entrance. It is advised that the recipients of these passes call ahead to the water park front desk to ensure outside entrance will be available. The full restrictions and phone numbers can be found on the back of each pass.

Due to high demand, these gift certificates must be purchased by the organization hosting the event. If your organization qualifies for tax-exempt, you must include a completed 01-339 form in order to exclude the state sales tax from each rate.

Also required, will be a flyer promoting your event or a request for a donation on your organization's letterhead with the date of event as well as a copy of this letter. Purchasing the certificate can be done by credit card (please fill out the [credit card authorization form](#)) or mailing in a check or money order with the required documentation. Please complete [Donation Request Form](#) and mail the documentation to the donations address listed below. Certificates will be mailed out within two weeks after we receive your request and payment.

Please contact us if your organization is interested in our donation program and we would be glad to assist you in purchasing your gift certificates. We look forward to hearing from you!

Best Regards,
Administration Office - Donations
3001 Kalahari Blvd.
Round Rock, TX 78665
Email: RoundRock@KalahariResorts.com

BLACKOUT DATES: Certificate is valid for use Sunday through Thursday.
Excluding: November 13-15, November 23-25 and December 24-31, 2020 and
January 17, February 14-18, March 5-20, April 1, May 30, all of June - August,
September 5, October 10, November 22-24 and December 23-31, 2021.
Dates are subject to availability and management discretion. Certificate is not valid for
Penthouse, 3-Room Family, and Big Five Suites. Cannot be combined with any other offers.

** WE CANNOT BE RESPONSIBLE FOR LOST OR STOLEN GIFT CERTIFICATES
SENT VIA USPS. FOR AN ADDITIONAL \$5.00 FEE, CERTIFICATE CAN BE SENT BY CERTIFIED MAIL**



Kalahari Resorts & Conventions Round Rock, TX

DONATION REQUEST FORM

Purchaser Information:

Name: _____

Date of Event: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Send To Information:

Name: _____

Address: _____

City, State, Zip: _____

(If you would like the gift certificate sent directly to recipient)

Hotel Certificate and Waterpark Passes Purchased:

Tax Exempt: (circle one) YES NO
01-339 ([form must be attached if tax exempt](#))

<u>Pricing</u>	<u>Exempt</u>	<u>Non-Exempt</u>
_____ Double Queen Sofa Room/sleeps 4 (Limit 1)	\$119.00	\$129.71
_____ 2 Bedroom 2 Bathroom Living Room Suite/sleeps 5 (Limit 1)	\$199.00	\$216.91
_____ All Day Waterpark Passes (Limit 6)	\$20.00	\$20.00

Payment Method:

Payment can be made by contacting Texas Donations at 512-582-4523 ext. 22203 to provide credit card information (please fill out the credit card authorization form below) or by mailing in the proper paperwork with a check.

(MUST have CID number to be processed)

Name on Card (Organization) _____

Special Shipping Fees: (circle one)

\$10.00 FEDEX or NEXT DAY AIR: \$39.00

Note: ALL ORDERS WILL BE SHIPPED FEDEX AND A \$10.00 FEE WILL BE ADDED.

_____ **TOTAL AMOUNT DUE:**

Additional Comments or Remarks:



Kalahari Resorts Credit Card Authorization Form

SELECT WHICH KALAHARI RESORTS PROPERTY

- Wisconsin Dells, WI Sandusky, OH Pocono Mtns., PA Round Rock, TX

CONFIRMATION NUMBER

ARRIVAL DATE

/ /

INSTRUCTIONS

1. Select which Kalahari Resort property location and input the confirmation number and arrival at the top of this sheet.
2. Complete the bottom half of this form. All fields are required to be completed.
3. ALONG WITH THIS FORM, YOU MUST PROVIDE A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD LISTED BELOW (THE SAME CARD USED AT THE TIME THE RESERVATION WAS MADE) AND A COPY OF THE CARDHOLDER'S PHOTO ID.
 ***Please note: only the last 4 digits of the credit card number are required to be visible.
 For security purposes, please black out all but the last 4 numbers of the account on the photocopy of the credit card being sent to us.***
4. Email the required copies and this completed form to dellscallcenterfax@kalahariresorts.com or fax the copies and completed form to (608) 254-6116.

PLEASE NOTE: *If this form is incomplete, or missing the required copies of the credit card and/or the cardholder's photo ID, authorization cannot be validated and the guest(s) will **NOT** be allowed to check in.*

PLEASE COMPLETE THE FOLLOWING:

I, _____, hereby authorize _____
(name of cardholder) (name of guest checking in)
 to use my (please check one): VISA MASTERCARD DISCOVER AMERICAN EXPRESS
 for _____ night(s) at a rate of \$_____ per night.

The last 4 digits of the credit card are _____ with an expiration date of ____ / ____ and a billing zip/postal code of _____.

I understand that by submitting this form, my credit card will be authorized for payment in full in advance.

Please select from the following:

- This card may be used for ROOM AND TAX ONLY.
 This card may be used for Room and Tax, plus ANY ADDITIONAL CHARGING* for the following selected options:
 Food & Beverage Phone Valet Movie Rentals
 Spa Services Retail Purchases Other _____

*If you choose to allow your credit card to be used for these additional services, the amount authorized will reflect a minimum of an additional 50% of the total amount of the stay. The credit card will only be billed for the exact amount of the items indicated above. In addition, debit cards are not to be used for additional charging.

Cardholder signature: _____ **Date:** _____

Phone number or email in case of questions: _____

Texas Sales and Use Tax Resale Certificate

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)												
Address (Street & number, P.O. Box or Route number)													
City, State, ZIP code													
Texas Sales and Use Tax Permit Number (must contain 11 digits)													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> <td style="border: 1px solid black; width: 25px; height: 15px;"></td> </tr> </table>													
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 250px; height: 15px;"></td> <td style="padding-left: 10px;">(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)</td> </tr> </table>			(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)										
	(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)												

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____

City, State, ZIP code: _____


Description of items to be purchased on the attached order or invoice:

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
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This certificate should be furnished to the supplier.
Do not send the completed certificate to the Comptroller of Public Accounts.

Texas Sales and Use Tax Exemption Certification

This certificate does not require a number to be valid.

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____


Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
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NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

**This certificate should be furnished to the supplier.
Do not send the completed certificate to the Comptroller of Public Accounts.**