KALAHARI COMMUNITY PROGRAM

ROUND ROCK, TX

Kalahari Resort in Round Rock, TX, is dedicated to giving back to the communities in which it resides and practicing "Ubuntu," an African word meaning "humanity to others." Thank you for the opportunity to assist your organization! We designed the Kalahari Community Program to accommodate the many donation requests received. This program is only open to nonprofit organizations classified as a 501(c)(3).

The Kalahari Community Program includes a reduced room rate for two of our most popular rooms and Waterpark day passes. All items are presented as certificates. To best accommodate raffles and auctions where the recipient's name is unknown, the name of the purchasing organization is listed on the certificate. Organizations may purchase up to one night of each room type and up to six (6) waterpark passes.

- Our Double Queen Sofa Room offers two queen beds and a sofa sleeper. This room will comfortably accommodate four people and allow admission to our 223,000-square-foot waterpark for all four guests. ($140/night)
- Our 2 Bedroom 2 Bathroom Living Room Suite is a two-room suite with 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 will comfortably accommodate up to six people and admission to the waterpark. ($230/night)
- Waterpark day passes (limit of 6). These passes cannot be used on Saturdays and are limited to first-come, first-served at the waterpark entrance. It is advised that the recipients of these passes call ahead to the waterpark front desk to ensure outside entrance will be available. The full restrictions and phone numbers are on each pass. ($40/day pass)

Certificate use is subject to specified blackout dates and other restricted dates based on resort availability and volume (see below). All dates are subject to availability and management discretion. Certificates must be purchased by the organization distributing the certificate. The following must be submitted for your request to be considered:

- Donation Request Form.
- One piece of material promoting your nonprofit event. Examples: flyer, website link, social media post, invitation, a request for a donation on your organization's letterhead, etc.
- If your organization is tax-exempt from TX Sales and Use Tax, you must complete the attached form 01-339
- Credit Card Authorization Form (Required unless you are mailing in a check.)

If paying with a check, please complete the Kalahari Community Program Request Form and mail the documentation to the address below. Certificates will be sent within two weeks of receiving your payment. Please contact us if your organization is interested in our Kalahari Community Program. We will happily assist you in purchasing certificates for your nonprofit cause. We look forward to hearing from you!

Best regards,

Christine Applegate

Christine Applegate
512.582.4715
RoundRock@KalahariResorts.com

Kalahari
RESORTS & CONVENTIONS
ROUND ROCK, TX

Mailing Address:

Administration Office - Donations
3001 Kalahari Blvd.
Round Rock, TX 78665

BLACKOUT DATES: Holiday Weekends, Spring Break, June 15 through August 15, & December 21 through January 1. Other dates may be restricted due to high volume. *Dates are subject to availability and management discretion; this offer cannot be combined with any other offers. We are not responsible for lost or stolen certificates.

KALAHARI COMMUNITY PROGRAM
REQUEST FORM

Purchaser Information:

Name of Organization: _____

Date of Event: _____

Contact Person: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Send Certificates to the following Address:

Name: _____

Address: _____

City, State, ZIP: _____

Hotel Certificates and Waterpark Passes Purchased:

Is your organization Tax Exempt from Texas Sales & Use Tax?

☐ NO *If no is selected, please see the "Non-Exempt" column in the Certificate request and pricing.*

☐ YES *If yes is selected, please see the "Exempt" column in the Certificate request and pricing and attach a completed 01-339 form with your request.*

Certificate Request:

Limit of 2 total room nights and 6 waterpark passes.		Non-Exempt	Exempt
#	Double Queen Sofa Room (sleeps 4)	$161.00	$140.00
#	2 Bedroom 2 Bathroom Living Room Suite (sleeps 6)	$264.50	$230.00
#	All-Day Waterpark Passes (limit 6)	$43.30	$40.00

Shipping Fees: *Select a Shipping Method.*

☐ FedEx | $15.00

☐ FedEx Next Day Air | $50.00

Total Amount Due:

Double Queen Sofa Room	$
2 Bedroom 2 Bathroom Living Room Suite	$
All-Day Waterpark Passes	$
Shipping Fee	$
Total Amount Due:	$ 0

Payment Method: *Select One*

☐ Credit Card (Credit Card Authorization Form must be attached.)

☐ Check (Must be mailed in with this form)

Kalahari RESORTS & CONVENTIONS ROUND ROCK, TX

Round Rock, Texas

KALAHARI COMMUNITY PROGRAM

CREDIT CARD AUTHORIZATION FORM

Please complete this credit card authorization form and submit it with the donation request form. Once all forms are received, the donation coordinator will reach out via phone to get the full payment details.

To: Kalahari Resorts & Conventions

I, the undersigned, hereby authorize **Kalahari Resorts & Conventions** to charge my credit card the full amount of $_____ for the certificates requested on the Donation Program Request Form.

Name on Credit Card: _____

Organization Name: _____

Billing Address: _____

Billing City, State, ZIP Code: _____

I understand this authorization is valid for the specified transaction amount and is non-refundable once processed. This authorization shall remain in effect until the transaction is completed.

By signing below, I acknowledge and accept the terms and conditions of this credit card authorization.

Authorized Signature: _____

Date: _____

Kalahari
RESORTS & CONVENTIONS
ROUND ROCK, TX

Round Rock, Texas

01-339 (Rev.4-13/8)

SAVE A COPY | CLEAR SIDE

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)*	
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico	

(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.

sign here	Purchaser	Title	Date

This certificate should be furnished to the supplier.
Do <u>not</u> send the completed certificate to the Comptroller of Public Accounts.

SAVE A COPY | CLEAR SIDE

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.

sign here ▶ Purchaser	Title	Date

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 <u>not</u> send the completed certificate to the Comptroller of Public Accounts.