

# KALAHARI COMMUNITY PROGRAM

## WISCONSIN DELLS, WI

Kalahari Resort & Trappers Turn in Wisconsin Dells, WI, is dedicated to giving back to the communities in which they reside 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 non-profit organizations.

The Kalahari Community Program includes a reduced room rate for two of our most popular rooms or a golf experience. 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 four (4) rounds of golf.

- Our Double Queen Sofa Room offers two queen beds and a sofa sleeper. This room will comfortably accommodate up to four people and allow admission to our 202,000-square-foot combined indoor and outdoor waterpark for all four guests. (\$138.99/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. (\$189.99/night)
- Trappers Turn 18-hole Rounds of Golf (limit of 4 rounds). The golf rounds include a golf cart equipped with GPS and use of the practice facility. Passes are valid Monday through Thursday anytime during the 2025 season. Trappers Turn will match the number of rounds purchased. (\$100/pass).

Restrictions of use for certificates include Fridays, Saturdays, holidays, holiday weekends, and specified blackout dates (see below). Certificates must be purchased by the organization distributing the certificate. The following must be submitted for your request to be considered:

- Donation Request Form
- 1 Material promoting your non-profit 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 WI Sales and Use Tax, you must complete the attached S211 form.
- 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 non-profit cause. We look forward to hearing from you!

Best Regards,

*Olivia Webster*

Olivia Webster  
608.254.5213

[OWebster@kalahariresorts.com](mailto:OWebster@kalahariresorts.com)



**Mailing Address:**

Kalahari Resorts - Donations  
P.O. Box 590  
Wisconsin Dells, WI 53965

BLACKOUT DATES: Fri-Sat, Mar 14-Apr 11, 2026; May 22-25, 2026; Jun 12-Sep 7, 2026; Oct 9-11, 2026; Nov 22-29, 2026; Dec 18, 2026-Jan 3, 2027; Jan 15-18, 2027; Feb 12-15, 2027; Mar 12-Apr 4, 2027; May 28-31, 2027; Jun 11-Sep 6, 2027; Oct 8-10, 2027; Nov 19-28, 2027; Dec 17, 2027-Jan 3, 2028. Other dates may be restricted. Subject to availability/management discretion; not combinable. Resort fee & tax apply. Not responsible for lost/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 Certificate and Golf Round Passes Purchased:**

Is your organization Tax Exempt from Wisconsin 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 S211 form with your request.*

### **Certificate Request & Pricing:**

*Limit 1 room night per room type and 4 rounds of golf.*

		Non-Exempt*	Exempt*
#	Double Queen Sofa Room (sleeps 4, includes rooms in Hillside)	\$156.02	\$138.99
#	2 Bedroom 2 Bathroom Living Room Suite (sleeps 6)	\$213.26	\$189.99
#	Trappers Turn 18 Hole Rounds of Golf (limit 4)	\$106.75	\$100.00

*\*These prices reflect the cost per room per night.*

**Shipping Fees:** *All certificates will be shipped USPS at no charge unless special shipping is specified.*

USPS Normal Mail | \$0.00

UPS Ground | \$20.00

### **Total Amount Due:**

Double Queen Sofa Room	\$
2 Bedroom 2 Bathroom Living Room Suite	\$
Trappers Turn 18 Hole Rounds of Golf	\$
Shipping Fee	\$
<hr/>	
Total Amount Due:	\$

**Payment Method:** *Select One*

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

Check (Must be mailed in with this form)



# 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 donations 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:** \_\_\_\_\_

**For Kalahari Resort Office Use Only:**

A Kalahari Associate will reach out to you to get the full payment details:

Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code (CVV): \_\_\_\_\_

