Banquet Registration Form

_____ *Yes, I will attend*

☐ $50 per Individual
# of Individuals_____

☐ $90 per couple
# of couples_____

☐ Cattail Coupons ($150 value bundle)
Cost: $100 # of bundles purchasing:____

Primary Contact:_____

Please fill out all guest(s) names on the reverse side of form

Company Name:_____

Address:_____

City/State/Zip: _____

Phone:_____

Email:_____

☐ Check enclosed for a total of: $_____

☐ Charge my credit card for a total of: $_____

Applicable fees of 2 – 4% may apply to the use of credit / debit cards.

☐ Visa ☐ Mastercard

Name on Card:_____

Credit Card Number:_____

Exp. Date: _____ CVV Code:_____

Cardholder's Signature:_____

_____ *No, I will be unable to attend*

Please accept my donation of: *$*_____

Please make checks payable to: Navarino Nature Center, W5646 Lindsten Road, Shiocton, WI 54170
Kindly complete and return this form by Sept. 17, 2026
All donations are tax deductible: Tax ID: 008-0000031808-05

Over ➡

Names of Guests Attending:

Guest Name:_____

Guest Name:_____

Guest Name:_____

Guest Name:_____

Guest Name:_____

Guest Name:_____

Guest Name:_____

Guest Name:_____

Guest Name:_____

For further information, please contact

Banquet.nnc@gmail.com or call 715-758-6999

Banquet Sponsorship Form

_____ *Yes, I will attend and sponsor as:*

(All sponsors receive 2 dinner tickets, 1 bundle of cattail coupons, acknowledgement in banquet program, and an invitation to a sponsor only event at a later date.)

- ☐ $1,000 Prairie Pioneer Level
- ☐ $750 Butterfly Weed Level
- ☐ $500 New England Aster
- ☐ $250 Yellow Coneflower

Primary Contact:_____

Guest Name:_____

Company Name:_____

Address:_____

City/State/Zip: _____

Phone:_____

Email:_____

☐ Check enclosed for a total of: $_____

☐ Charge my credit card for a total of: $_____

Applicable fees of 2 – 4% may apply to the use of credit / debit cards.

☐ Visa ☐ Mastercard

Name on Card:_____

Credit Card Number:_____

Exp. Date: _____ CVV Code:_____

Cardholder's Signature:_____

_____ *No, I will be unable to attend*

Please accept my donation of: *$*_____

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Over
In-Kind Donation Form

Navarino Nature Center
Fund-Raising Banquet

Date:_____

IN-KIND DONATION FORM

Business name: _____

Contact name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail:_____

#	Description of item	$ Value

TOTAL $_____

DESIGNATED USE: **Banquet**

Please note: Items may be packaged together for program purposes.

If monetary donation, please make check payable to: **Navarino Nature Center**

Received by:_____

Date:_____

If to be picked up / date:_____

NNC is a tax-exempt organization CES# 008-0000031808-05 / EIN #39-1558573
NNC thanks you for your donation.

Sponsorship Form Over