

Banquet Registration Form

_____ **Yes, I will attend**

☐ \$50 per Individual
of Individuals _____

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

☐ \$90 per couple
of couples _____

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: _____

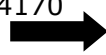
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Please accept my donation of: \$ _____

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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.