



- Trained counseling staff
- Air-conditioned cabins
- Swimming pool
- Exciting activities
- Cookout & trail ride opportunities
- Full week of camp (Sunday-Friday)
- Meet other Deaf from around the country
- Services & classes taught each day by Ronnie Rice, Allen Snare, Nathan McConnell, and other experienced teachers

Attend one week **Free!**

5 weeks to choose from!

- June 12-17
- July 17-22
- June 26-July 1
- July 24-29
- July 10-15

### Speakers



**Ronnie Rice**  
Deaf Evangelist



**Allen Snare**  
Deaf Evangelist



**Nathan McConnell**  
Deaf Camp Director



### General Information for Deaf Weeks

**Activities:** Deaf young people have a wonderful time at the Bill Rice Ranch. You may swim, ride horses, play ball, play putt-putt golf, hike, or relax on the large, beautiful Ranch. Enjoy morning Bible classes taught with total communication. You will also enjoy simple gospel services each morning and evening.

#### What to Bring

**Bedding:** Bring your own or rent from us. We have sheets, blankets, pillow cases, washcloths, and towels. Twin-sized bunks.

**Men/Boys:** No shorts. Sweatpants or windpants will not be appropriate for meals or services.

**Women/Girls:** Dresses and skirts (knee-length). For horse riding and other activities: culottes/athletic wear (knee-length and loose). No shorts, pants, capris, or cut-offs, please. No two-piece swimsuits, unless the top and bottom overlap.

**Everyone:** Bible, writing material, bedding (bunk beds), soap, towels.

**You may want to bring money for:** cowboy cookouts (\$14), trail rides (\$5), paintball (ages 12 and up, \$7 & signed waiver form), or more for souvenirs, books, snacks, etc.

**Please DO NOT bring:** radios, CD/MP3/DVD players, skateboards, bikes, or rollerblades. No smoking. No pets.

**Cell Phones/Sidekicks:** While campers may bring cell phones with them for use on the trip, they will be required to turn them in to their counselor for the duration of the camp week.

**Arrival:** Each summer camp week begins Sunday at 3 PM. The first meal is served at 6:30 PM; the first service is at 8 PM. The camp week ends after the last service Friday night. Plan to leave by 8 AM Saturday morning.

**Deaf Youth FREE:** All deaf and hard of hearing young people ages 9-19 who are still in school are invited to attend one week FREE of charge. Donations for the camp are appreciated. You must have your parents' or guardian's permission. Mail the signed registration form ahead of time.

**Counselors for the Deaf:** Must be at least 20 years old. Cost per counselor \$125 (includes \$50 registration fee).

**Location:** Seven miles west of Murfreesboro, TN, on Hwy 96. The Ranch is just 36 miles from Nashville, TN.

**Transportation:** The Ranch will provide transportation from the Nashville Airport, Bus Station, or Murfreesboro Bus Station at \$15 per person per trip (\$5 each way if group of 4 or more). Church groups from many cities offer transportation for the Deaf to the Ranch. Check the Bus List for groups near you. Please send us your travel plans if you are not coming with a church group and need to be picked up at the airport or bus station.

**Register Early:** During each Deaf Week there will also be programs for hearing teens and junior-aged boys and girls using separate facilities. For this reason, weeks could fill up. While we can accommodate deaf groups of any size, it will be important to reserve your space as soon as possible to get the week you want. To reserve a week, mail the attached registration form. Contact our Registrar for more forms or information.

**Registration@billriceranch.org**

or call **1.800.253.RICE x125**

Bill Rice Ranch · 627 Bill Rice Ranch Road  
Murfreesboro, TN 37128

Go online **billriceranch.org**

# 2016 BILL RICE RANCH



Send Registration Form to Bill Rice Ranch · 627 Bill Rice Ranch Road · Murfreesboro, TN 37128  
Please print and complete all sections with **camper** information.

(Circle One)

Rev. Mr. \_\_\_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_\_\_

Mrs. Miss. \_\_\_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Arrival Date \_\_\_\_\_ 20\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Church Group \_\_\_\_\_

City/State \_\_\_\_\_

I agree to abide by all camp rules and will assume full responsibility for my physical welfare and will not hold the Bill Rice Ranch liable in case of sickness or accident.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only

Fees \_\_\_\_\_ Bal. \_\_\_\_\_

Date \_\_\_\_\_ ID# \_\_\_\_\_

Week \_\_\_\_\_

### Please ✓ all that apply:

- Adult
- Teen (12-19)
- Junior (9-12)
- Group Leader
- Deaf
- Hearing

### Adults/Counselors

- Please enclose registration fee.
- **Note: Registration fees are non-refundable.**

## Medical & Insurance Info

**This section must be completed** by a parent or guardian for registration to be finalized. Personal or church insurance will be primary, and the Bill Rice Ranch will provide excess coverage.

Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group/Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Birthdate of Policy Holder: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I am not covered by insurance.

### Please check the appropriate box/boxes: (This will be kept confidential)

- Diabetes/Hypoglycemia (sugar problems)
- Heart condition/problems
- Epilepsy
- Environmental Allergies
- Problems with heat
- Drug Allergies, please list: \_\_\_\_\_
- Thyroid problems
- Lupus
- High blood pressure
- Asthma

Food Allergies, please list: \_\_\_\_\_

If camper has ever had allergic reaction requiring EMERGENCY action, please explain: \_\_\_\_\_

Other, please list: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medications taken on a regular basis, please list name of medicine and dose: \_\_\_\_\_

NOTE: Anyone requiring special dietary foods **MUST** bring their own foodstuffs if a supplement beyond regular meal is required.

## CONSENT FORM

### Parents/guardians must sign if camper is younger than 18 years old:

I hereby give permission for my child/dependent to take part in all Ranch activities including sports and horse-back riding (unless otherwise indicated) and absolve the Ranch from liability to me or my child because of any injury received while attending camp at the Bill Rice Ranch. In case of any accident or serious illness, I hereby authorize the Ranch to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request the Ranch to notify me. I give my consent to the Ranch to include picture, video, or other likenesses of myself or my children in promotional materials.

Father/Mother \_\_\_\_\_

Emergency #s (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_