

BILL RICE RANCH Independence Day



Retreat - Thursday, July 4, 2024



7:30-10:30	Check-in
9:15	Illustrated Message
11:00	Morning service
12:15	Delicious meal served in the Dining Hall
1:00-5:30	Afternoon activities
5:30	Grill out on the grounds
7:30	Patriotic evening service
After Service	Fireworks display at Cowboy Town

Cost:
 If registered and paid **before** June 27
\$18 per adult (ages 12 and up)
\$13 per child (ages 5-11)
 Ages 4 and under come free with parents
 If registered and paid **upon arrival**
\$22 per adult (ages 12 and up)
\$16 per child (ages 5-11)
 Ages 4 and under come free with parents

Activities for the Entire Family: Enjoy swimming, family games, putt-putt golf, Cowboy Town, delicious meals, powerful preaching, a spectacular fireworks display, and more!

Dress: Ladies & girls—knee-length skirts, culottes, or divided skirts; no slacks. Men & ladies—no shorts, please.

Directions: Seven miles west of Murfreesboro, Tennessee, on Hwy. 96

Registration Form Please enclose retreat fees and send in before June 27 for extra savings! **Questions? Call: 1-800-253-RICE, ext. 0125**
Mail to: Bill Rice Ranch 627 Bill Rice Ranch Road, Murfreesboro, TN 37128 Visit our website: www.billriceranch.org for more details and other exciting events!

Please keep upper portion for your reference!

(Circle One)

Pastor, Mr. _____ Birthdate ____ / ____ / ____

Mrs., Miss _____ Birthdate ____ / ____ / ____

Address _____

City/State/Zip _____

E-mail Address _____

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 _____

Independence Day Retreat 2024

Office Use Only	
Fees _____	Bal. _____
Date _____	ID# _____
Please List Children	
Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

Medical & Insurance Info

Personal or church insurance will be primary, and the Bill Rice Ranch will provide excess coverage.

Insurance Company: _____

ID Number: _____

Group/Policy Numbers: _____

Name of Policy Holder: _____

Birthdate of Policy Holder: ____ / ____ / ____

We are 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

Thyroid problems

Lupus

High blood pressure

Asthma

Drug Allergies, please list: _____

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.