



FATHER AND SON ADVENTURE

May 16-17, 2025

Cost:
\$50 per person
 Includes \$10 registration fee,
 three meals, and lodging.

Save \$10 if you
 register by May 9

Host Speaker: Evangelist Wil Rice IV

Registration: The retreat begins Friday with check-in from 3-6 PM (CST) and ends Saturday with lunch. The evening meal on Friday begins at 6 PM. Reservations should be made early and confirmed with a registration form and \$10 per person. Balance may be paid upon arrival. For directions to the Ranch, visit our website: www.billriceranch.org

What to bring: Bring sport clothes for activities and services. Jeans are fine but no shorts, please. No smoking, no pets, and no fireworks, please!

Other information: Enjoy horse rides (Friday afternoon only, \$8 each), inflatables, Battle Ball, hikes, putt-putt golf, Cowboy Town, delicious meals, and more! Rental linens are available, or you may bring your own sleeping bag or blanket, sheets, pillows, etc. No children under 6 years of age, please.

Mail registration form to: Bill Rice Ranch 627 Bill Rice Ranch Road, Murfreesboro, TN 37128. Please enclose registration fee (\$10 per person).

Note: Registration fees are non-refundable. Visit our website: www.billriceranch.org for more details and other exciting events!

Questions? Call 1-800-253-RICE ext. 0125. Please keep upper portion for your reference!



Please print and complete all sections with **camper** information.

(Circle One)

Mr. _____ 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 _____

Father & Son Adventure - 2025

Office Use Only	
Fees _____	Bal. _____
Date _____	ID# _____
Please List Sons	
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: _____

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

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.