

Bill Rice Ranch

Deaf Adult & Interpreters' RETREAT

Friday, August 1, 2025



- 7:30-10:30 Check-in
- 9:15 Illustrated Message (Rodeo Arena)
- 11:00 Morning service
- 12:15 Delicious meal served in Center Hall
- 1:00-5:00 Afternoon activities & rodeo
- 5:00 Grilled supper at Cowboy Town
- 6:30 Bible class
- 7:30 Evening service

Retreat Speaker



Allen Snare

Cost:
\$23 per adult (ages 12 and up)
\$17 per child (ages 5-11)
 Ages 4 and under come free with parents

Activities: Enjoy swimming, games, putt-putt golf, our "World Famous" Rodeo, Cowboy Town, delicious meals, Bible preaching, and more!

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

Contact us by July 19 to reserve your place.

Call: 1-800-253-RICE, ext. 0125 | Email: registrar@billriceranch.org | **Bill Rice Ranch** 627 Bill Rice Ranch Road, Murfreesboro, TN 37128
 Bring form & money with you when you come.



(Circle One)

Mr. _____ Birthdate ____ / ____ / ____
 Mrs., Miss _____ Birthdate ____ / ____ / ____
 Address _____
 City/State/Zip _____
 E-mail Address _____
 Phone (____) _____
 Name of Church Group _____
 City/State _____

Deaf Adult Retreat 2025

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

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 _____

Medical & Insurance Info

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

Insurance Company: _____
 Group & Policy Numbers: _____
 Name of Policy Holder: _____

- I am not covered by insurance.
Please check the appropriate box/boxes: (This will be kept confidential)
- | | |
|---|--|
| <input type="checkbox"/> Diabetes/Hypoglycemia (sugar problems) | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Heart condition/problems | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Problems with heat | |
- 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.