



BILL RICE RANCH

# MEN'S CHALLENGE

OCT 31 - NOV. 2, 2024

**Guest Speaker:**  
John Collier

**Host Speakers:**  
Wil Rice IV  
& Bill Rice III

**Cost: \$130**  
Includes \$10 registration fee, five buffet-style meals, and lodging.

Save \$10 if you register by Oct. 24

**Registration:** Check-in Thursday from 1-5 PM. Horse rides (\$8), wagon ride tours, game room, putt-putt golf, and Rec Center available Thursday afternoon. Supper begins at 6:00 PM, and first service begins at 7:30 PM. Activities including the Target Challenge (\$5), Hatchet Throwing, and Archery will be Friday afternoon from 1-4:30 PM. The retreat ends Saturday mid-morning. (Coming for Friday & Saturday only? Contact us for pricing.)

**Target Challenge:** \$5 entry fee (guns & ammo provided by the Ranch) - shoot for prizes including a new rifle!

**What to bring:** Casual dress - jeans are fine but no shorts, please. No smoking and no pets.

**Other information:** No children under 12, please. All rooms are heated and air-conditioned. For standard rooms, rental linens are available; or you may bring your own sleeping bag or blanket, sheets for bunk beds, pillows, etc. A limited number of deluxe rooms are available on a first-come-first-served basis. The deluxe room cost is an additional \$50 per room. Call for details. **Please register early to reserve your spot!**

**Mail in registration form.** Please enclose registration fee (\$10). **Note: Registration fees are non-refundable. 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](http://www.billriceranch.org) for more details and other exciting events!



**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 \_\_\_\_\_

## MEN'S CHALLENGE - 2024

### Office Use Only

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

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

Please  all that apply:

- Group Leader       Bus Driver  
 Adult                 Teen

### Lodging:

- Standard    Deluxe

## 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: \_\_\_\_\_

I am not covered by insurance.

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

- Diabetes/Hypoglycemia (sugar problems)       Thyroid problems  
 Heart condition/problems                               Lupus  
 Epilepsy     High blood pressure  
 Environmental Allergies                                 Asthma  
 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.