



BILL RICE RANCH

MEN'S CHALLENGE

OCT 30 - NOV. 1, 2025

Guest Speaker:
Nathan Barker

Host Speakers:
Wil Rice IV
& Bill Rice III

Cost: \$135
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 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 _____

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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.