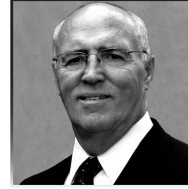




2025 BILL RICE RANCH

Deaf Adult Camp

Speakers & Teachers



Allen Snare



Tyler Thornton



Bob Himes

JULY 28-AUG 1, 2025

Come back to the Bill Rice Ranch for:

- Helpful Bible preaching each day from Evangelists Allen Snare, Tyler Thornton, and Bob Himes
- Swimming Pool
- Fun activities each afternoon
- Delicious food served buffet-style
- An affordable and Christ-centered vacation
- Fellowship with deaf adults from around the country
- All rooms air-conditioned!

Price
\$310

For more information

Go online billriceranch.org

or call **1.800.253.7423 x0125**

Space is limited—*register early!*

General Information

Location: Two miles from Hwy 840, exit 47—Almaville Road. Hwy 840 travels around the south-east side of Nashville connecting I-40, I-24, and I-65. Head south after exiting 840, and Almaville Road will end at Hwy 96. Turn left to go east, and the entrance to the Ranch will be on the south side, plainly marked by a lighted sign.

Transportation: The Ranch will provide transportation from the Nashville Airport, Bus Station, or Murfreesboro Bus Station at \$35 per person per trip (*\$25 each way if group of 4 or more*). Send your travel schedule if you wish to be met.

Medical: Information and instructions for taking medication should be sent on registration card. Diabetics or others on special diets must bring their own foodstuffs if supplement beyond regular meal is desired.

Arrival: Plan to be on the Ranch for the first meal and first service. A good beginning is important to the success of the entire camp. Deaf Adult Camp begins Monday at 2 P.M. (CDT). **Please do not arrive before 2 P.M.** The first meal is served at 5:30 P.M. The first service begins at 7:30 P.M. The week ends Friday night. Plan to leave by 8 A.M. Saturday.

Reservations: In order to reserve a place on the Ranch, email or phone the Registrar for registration cards and information:

Bill Rice Ranch
627 Bill Rice Ranch Road
Murfreesboro, TN 37128
615-893-2767
registration@billriceranch.org

Early reservations assure you a place at camp. Registration fees cannot be refunded or applied to campership fees, but they are transferable.

Cost: **\$310** per person. Includes \$20 registration fee. Air-conditioned rooms with bunk beds; bring your own linens or rent from us.

Upgrade: Private Deluxe Rooms available for individuals or married couples only. Air-conditioned, double bed, carpeted, private bath. Linens provided. Individual: \$465; Couple: \$730. Contact Registrar early to upgrade—**space is limited!**

Activities: The Deaf have a wonderful time at the Bill Rice Ranch. They swim, ride horses, play ball, play putt-putt golf, hike, or relax on our large, beautiful ranch.

Bible classes will be taught using ASL and total communication. Gospel services are held each morning and evening.

What to Bring

Bedding: Bring your own or rent from us. We have sheets, blankets, pillow cases, washcloths, and towels.

Men/Boys: Sport clothes. Jeans are fine. No shorts, please.

Women/Girls: Dresses and skirts (knee-length). For horse riding and other activities: culottes/athletic wear (knee-length and loose). No shorts, pants, capris, or cut-offs, please. No two-piece swimsuits, unless the top and bottom overlap.

Everyone: Bible, writing material, bedding (bunk beds), soap, towels. No smoking!

You may want to bring money for: cowboy cookouts (\$19), trail rides (\$10), or more for souvenirs, books, snacks, etc.



Deaf Adult Camp

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

Please ✓ **all that apply:**

- Deaf/HH Hearing

(Circle One)

Rev. Mr. _____ Birthday ___ / ___ / ____

Mrs. Miss. _____ Birthday ___ / ___ / ____

Address _____

City/State/Zip _____

E-mail Address _____

Arrival Date _____ 20____ 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 _____

2025 Deaf Adult Camp Registration

- Please enclose registration fee.
- **Note: Registration fees are non-refundable.**
- For arrival times please refer to attached information.

Office Use Only

Fees _____ Bal. _____

Date _____ ID# _____

Week _____

Medical & Insurance Info

This section must be completed by a parent or guardian for registration to be finalized. 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: _____ / _____ / _____

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 | |
| <input type="checkbox"/> 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.

CONSENT FORM

Parents/guardians must sign if camper is younger than 18 years old:

I hereby give permission for my child/dependent to take part in all Ranch activities including sports and horseback riding (unless otherwise indicated) and absolve the Ranch from liability to me or my child because of any injury received while attending camp at the Bill Rice Ranch. In case of any accident or serious illness, I hereby authorize the Ranch to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request the Ranch to notify me. I give my consent to the Ranch to include picture, video, or other likenesses of myself or my children in promotional materials.

Camper _____

Emergency #s (____) _____

(____) _____