

# BILL RICE RANCH

# Independence Day



Retreat - Friday, July 3, 2026



7:30-10:30	Check-in
9:15	Illustrated Message
11:00	Morning service
12:15	Delicious meal served in the Dining Hall
1:00-5:30	Afternoon activities
5:30	Grill out on the grounds
7:30	Patriotic evening service
After Service	Fireworks display at Cowboy Town

### Cost:

If registered and paid **before** June 27

**\$20 per adult** (ages 12 and up)

**\$15 per child** (ages 5-11)

Ages 4 and under come free with parents

If registered and paid **upon arrival**

**\$24 per adult** (ages 12 and up)

**\$18 per child** (ages 5-11)

Ages 4 and under come free with parents

**Activities for the Entire Family:** Enjoy swimming, family games, putt-putt golf, rodeo, Cowboy Town, delicious meals, powerful preaching, a spectacular fireworks display, and more!

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

**Directions:** Seven miles west of Murfreesboro, Tennessee, on Hwy. 96

### Registration Form

Please enclose retreat fees and send in before June 27 for extra savings! 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!



(Circle One)

Pastor, Mr. \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mrs., Miss \_\_\_\_\_ 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 \_\_\_\_\_

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

Birthdate 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

Thyroid problems

Lupus

High blood pressure

Asthma

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: \_\_\_\_\_

### Independence Day Retreat 2026

#### Office Use Only

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

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

#### Please List Children

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

NOTE: Anyone requiring special dietary foods **MUST** bring their own foodstuffs if a supplement beyond regular meal is required.