



# FATHER AND SON ADVENTURE

May 15-16, 2026

**Cost:****\$55** per personIncludes \$10 registration fee,  
three meals, and lodging.Save \$10 if you  
register by May 9**Host Speaker: Evangelist Wil Rice IV**

**Registration:** The retreat begins Friday with check-in from 3-6 PM (CST) and ends Saturday with lunch. The evening meal on Friday begins at 6 PM. Reservations should be made early and confirmed with a registration form and \$10 per person. Balance may be paid upon arrival. For directions to the Ranch, visit our website: [www.billriceranch.org](http://www.billriceranch.org)

**What to bring:** Bring sport clothes for activities and services. Jeans are fine but no shorts, please. No smoking, no pets, and no fireworks, please!

**Other information:** Enjoy horse rides (Friday afternoon only, \$11 each), inflatables, Battle Ball, hikes, putt-putt golf, Cowboy Town, delicious meals, and more! Rental linens are available, or you may bring your own sleeping bag or blanket, sheets, pillows, etc. No children under 6 years of age, please.

**Mail registration form to:** Bill Rice Ranch 627 Bill Rice Ranch Road, Murfreesboro, TN 37128. Please enclose registration fee (\$10 per person).

**Note: Registration fees are non-refundable.** Visit our website: [www.billriceranch.org](http://www.billriceranch.org) for more details and other exciting events!

Questions? Call 1-800-253-RICE ext. 0125. **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 \_\_\_\_\_

**Father & Son Adventure - 2026****Office Use Only**

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

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

**Please List Sons**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**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: \_\_\_\_\_

We are 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.